

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

GRANT COUNTY HEALTH DEPT. FOOD DIVISION 401 SOUTH ADAMS STREET MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.						
Establishme	nt Name		1120 2 201	Telephone Number	Date of In: (mm/dd/yr	
Cilco	Q K		9 10 2 22 [765Establishment	(mmvawyr)	7 7 7
Establishment Address (number and street, city, state, ZIP code)				() Owner 17t4	9-18	720 X 1
Owner				Purpose:	Follow-up Release Date	
Owner's Address				1 Routine 2. Follow-up	Summary of Violations:	
POROX 347 Columbus IN				3. Complaint		
Person in Charge				4. Pre-Operational	C NC R	
Responsible	dans and the second	E-mai	1	5. Temporary 6. HACCP	Menu Type (See back of page)	
G. C. J.F.	**************************************		I	7. Other (list)	 1	X 3 4 5
Certified Fo	SS 9	·r <	Keens exp 7-24		1	<u></u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
			NO VIOLATIONS ON CHIS	INSpection		
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Received by (name and title printed): Inspected by (name and title printed):						
Received by (signature):						
Lour Konica !				Sent / Well FS/0		
cc:	1	7	cc:		cc:	