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.

Establishment Name: College Store Trader Jamos	Telephone Number: ( ) Establishment 765 ( ) Owner 677 2310	Date of Inspection (*mm/dd/yr*): 8/29/24	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 420 So Washington St. Marion			
Owner: Pioneer College Caterers INC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	Follow-up: NO	Release Date: 10 Days
Owner's Address: Same		Summary of Violations: C____ NC____ R____	
Person in Charge: Tracy			
Responsible Person's E-mail: —		Menu Type (*See back of page*): 1 X 2____ 3____ 4____ 5____	
Certified Food Handler: —			

- 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	

Received by (*name and title printed*): Bailey Gramentz	Inspected by (*name and title printed*): Angela McCollum Dean Small
Received by (*signature*):	Inspected by (*signature*): 7510 Dean Small
cc:	cc: / cc: