

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.

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Establishment Name				Telephone Number  SEstablishment	Date of Inspection (mm/dd/yr) ID #
Establishment Address (number and street, city, state ZIP code)				573-4955	3/11/12 27
<del>O</del> wner C				Purpose:	Follow-up Release Date
Kayme Swan				1. Routine	NO 10days
Owner's Address				2. Follow-up	Summary of Violations:
Dane				3. Complaint	a — I — —
Person in Charge				4. Pre-Operational	C NC R
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)
a cooperation of 2 min				6. HACCP	
Certified Food Handler				7. Other ( <i>list</i> )	123_45
Lazme Swan 4-16-2019					
• 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	Narrati		To Be Corrected By
855	NC		Soda Machine in di Soiled with dried	ningRoom 15	Today
			Soiled With dried	Syrup	0
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				- A	
					,
Received by (name and title printed):  Inspected by (name and title printed):					
Careb Swan Borilleane FS10					
Received by (signature): Inspected by (signature):					
Course Some					
cc: cc: cc:					