



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 Colverree #08967	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) 1129 N Baldwin St, (unit 31), main, NC	5115 5730573	5-7-25	27
Owner Colverree Stores, INC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Danielle</u>	Follow-up NO	Release Date 10 Days
Owner's Address 500 N Main St, NC	Summary of Violations: <u>C</u> <u>PF</u> <u>R</u>		
Person in Charge Danielle	Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>		
Responsible Person's E-mail <u> </u>			
Certified Food Handler <u>NIA</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"

Received by (name and title printed):

ceived by (name and title printed):
Danielle DeBoard

Inspected by (name and title printed):

Inspected by (name and title printed): Wesley L. Lum

Received by (signature):

Received by (signature):

(Ingested by antinutrients)

Inspected by (Signature):  1510

CC*

cc

cc