

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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Establishme	. 0	PNI	east Stare 26/2	Telephone Number ()((2)) Establishment	Date of In (mm/dd/yr	spection)	ID#
Establishme			mber and street, city, state, ZIP code),		1 70		177
1021				16740 with 266	1-22	10	~ <i> </i>
	U /1	MAI	N St 6718 (1 True)		Follow u	I Doloo	- Data
Owner	. 1	_	- 110	Purpose:	Follow-up Release Date		
12019		9RY	P LLC '/	d. Routine	NO 10 days		
Owner's Ac		2	1	2. Follow-up	Summary of Violations:		
100 M	18500	K	idel //V	3. Complaint		=	
Person in C	harge /	Ι	/	4. Pre-Operational	c	NC	R
Sam	WI	ip	mS	5. Temporary			
Responsible	Person's	E-ma	il	6. HACCP	Menu Type (See back of page)		
				!	1/		
Certified Fo	ood Handl	er	TOTAL CONTINUES OF THE SECOND	7. Other (list)	1 2 3 4 5		
N	11/						
• 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	and the second s		To Be Co	orrected By
			No violations at this time	_			
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		 		volonin til stader kred Mitter umdriddelskilder 1900 mill.		-	
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