



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 <i>George's All Family Restaurant</i>		Telephone Number <i>(802) 765-5765</i>	Date of Inspection (mm/dd/yr) <i>3/24/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1030 N. Baldwin Ave, Montpelier, Vermont 05701</i>		Establishment Type (Owner) <i>573-4090</i>		
Owner <i>Jorge Alvarez</i>		Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine<input type="radio"/> 2. Follow-up<input type="radio"/> 3. Complaint<input type="radio"/> 4. Pre-Operational<input type="radio"/> 5. Temporary<input type="radio"/> 6. HACCP<input type="radio"/> 7. Other (list) <i>_____</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Montpelier</i>		Summary of Violations:		
Person in Charge <i>Jorge</i>		<input checked="" type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Responsible Person's E-mail <i>_____</i>		Menu Type (See back of page) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Jorge Alvarez</i>		<i>11/22/23</i>		

- 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):

Inspected by (name and title written)

Received by (signature):

Implementation (cont'd.)

cc:

CC:

CC: