

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.

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Establishment Name	Telephone Number	Date of Inspection ID # (mm/dd/yr)
Grains + Girill	() Establishment	(IIII 40 yr)
Establishment Address (number and street, city, state, ZIP code)	() Owner	2/20/21
407 W Washington St Pairmount	380 0137	3120129 21
	Purpose:	Follow-up Release Date
Owner LD Lla 10 0 1		NO Indaus
John of Barry Howard	1. Routine	Nonvarys
Owner's Address	2. Follow-up	Summary of Violations:
fairmount	3. Complaint	
Person in Charge	1 -	C NC R
Join	4. Pre-Operational	
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
Responsible 1 erson 8 E-man	6. НАССР	nzena Type (see emen ej page)
	7. Other (list)	
Certified Food Handler	7. Other (list)	12345
Panden 124/2028		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	
Section# C/NC R Narrative		To Be Corrected By
no violations		
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Received by (name and title printed):	Inspected by (name and title p	printed):
	Thispected by thame and thie p	mineuj.
Joan & Howard Lon Lugare 1500		
Received by (signature):		
(A)(1)	V ha / il) mass	
Towns	IMILL ASSOCIA	
cc: cc:	1 020	cc: