



**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>Hometown Express #3 Marathon</i>	Telephone Number <i>(724) 555-1234</i>	Date of Inspection (mm/dd/yr) <i>7/14/15</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>916 N. Main, Fairpoint</i>	Establishment Owner <i>Aaron Caudell</i>		
Owner <i>Aaron Caudell</i>	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/> 	Follow-up <i>NO</i>	Release Date <i>100 days</i>
Owner's Address <i>Fairpoint</i>	Summary of Violations: <i>P - NC - R</i>		
Person in Charge <i>Billy</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>billy@hometownexpress.com</i>			
Certified Food Handler <i>N/A</i>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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"

P - Priority = Critical
PF - Priority Foundation = ASAP
C - Cor C = NON critical

Received by (name and title printed): <i>Bethy Ward</i>	Inspected by (name and title printed): <i>Angela M. Hollum</i>	
Received by (signature): <i>Bethy Ward</i>	Inspected by (signature): <i>Angela M. Hollum 2510</i>	
cc:	cc:	cc: