

## 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 parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of this report.					
Establishme	ent Name	ساد	-/	Telephone Number	Date of Inspection ID # (mm/dd/yr)
	MV	J	9[[]A/S	Establishment	
Establishmo	ent Addres	s (nu	mber and street, city, state, ZIP code)	Owner (CO	9-21-20 21
1010	We	54	Kow ld Marion	673-0460	
Owner	1	$\Gamma$	an International	Purpose:	Follow-up Release Date
ROWATE TRANSHING JYSKEM				1. Routine	The state of the s
Owner's Address 2035 Deen Thail Wansaw				2. Follow-up	Summary of Violations: (
Power in Change					C NC R
GODY LOGI				4. Pre-Operational	NC R
Responsible Person's E{mail				5. Temporary	Menu Type (See back of page)
		Designation of		6. HACCP	
Certified Food Handler				7. Other (list)	12\[ 345
Jesse Burmaster Fyll-17-22					
• 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		To Be Corrected By
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			No Violakions on this 1	NSPECT CON	
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				AMICE HOPE	
			·		
				A MILES AND A STATE OF THE STAT	
Received by (name and title printed):					
Gary Lee Reed Soft Killendall					
Received by (signature):  Inspected by (signature):  Spt (signature):  The signature of the					
cc: cc: cc:					
I					I