



**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>Univ. Grill</i>	Telephone Number (Establishment) <i>765</i>	Date of Inspection (mm/dd/yr) <i>1-24-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6598 Amy Way, Bodily</i>	(Owner) <i>5735794</i>		
Owner <i>Joe Sanchez</i>	Purpose: 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>	2. Follow-up		
Person in Charge <i>Juan</i>	3. Complaint	Summary of Violations:	
Responsible Person's E-mail <i></i>	4. Pre-Operational	<input type="checkbox"/> NC <input type="checkbox"/> R	
Certified Food Handler <i>Julian Toshka</i>	5. Temporary	Menu Type (See back of page)	
	6. HACCP	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	7. Other (list) <i></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):

Received by (name and title printed): Juan Alberto Sanchez Sanchez

Inspected by (name and title printed):

Frank S. Holloman
Inspected by (signature)
Frank Holloman 7510
cc:

Inspected by (signature)

John Hallum 7510
cc:

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