

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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NADISON GRANT HIGH ITR HIGH				Telephone Number	Date of Inspection (mm/dd/yr)	ID#
Establishment Address (number and street, city, state, ZIP code)				() Owner	2-24-26	20 27
1811 1811	00 3		600W - FAIRMOUNT	() Owner		
Owner				Purpose:	1. La 1 1 1 1	lease Date
MADISON GIRANT USC				1. Routine	NO 3	3-5-2020
Owner's Address				2. Follow-up	Summary of Violations:	
11580 5 600W- TAIRMOUNT				3. Complaint		
Person in C	harge	4	1/ -0	4. Pre-Operational	CNC R	
PAT			INGER	= 5. Temporary	Menu Type (See back of page)	
Responsible	Person's I		NLA	6. HACCP	Menu Type (See back of page)	
Certified Fo	ood Handle		V(K	7. Other (list)	1 2 3	× 4 5
KATHY BERHAIR					123_	<u></u>
• 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		То Ве	Corrected By
			No Violations	AT		
	THIS INCHEGION					
						1
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				ii		
	<u> </u>					
	 					
	-					
	-	-				
Received by (name and title printed): Inspected by (name and title printed):						
Received by	Stwve v (signature	_		Inspersed by (signature):		
Du 5/ 1						
rec: cc: cc:						
CC. V				V		