



## 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 <u>Manon General Hospital INC East</u>		Telephone Number ( Establishment <u>765</u> Owner <u>6507009</u>	Date of Inspection (mm/dd/yr) <u>1-23-29 27</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1111 Madison Health Dr., Poplity</u>		Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) <u> </u></li></ul>	Follow-up	Release Date <u>NOTOdays</u>
Owner <u>Manon General Hospital</u>	Owner's Address <u>1111 Madison</u>			
Person in Charge <u>Anne</u>		Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>		
Responsible Person's E-mail <u> </u>		Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <input checked="" type="checkbox"/> <u>5</u>		
Certified Food Handler <u>Sarah Merton</u>		ISS: 7/10/19		

- 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):

Inspected by (name and title printed)

Anna Alcorta

ANNE BROWN

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