



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>Marion County Cemetery Service Center</u>		Telephone Number <u>700</u> Establishment	Date of Inspection <u>3/31/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>503 S. Gallatin St.</u>		<u>700</u> Owner <u>700</u> 6772		
Owner <u>Board of Directors</u>	Purpose <u>1. Routine</u>	Follow-up <u>NR</u>	Release Date <u>10 days</u>	
Owner's Address <u>SMART</u>	Summary of Violations:			
Person in Charge <u>Elizabeth</u>	C <u> </u> NC <u> </u> R <u> </u>			
Responsible Person's E-mail <u></u>	Menu Type (See back of page)			
Certified Food Handler <u>NFP</u>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <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"

Received by (name and title printed):

ELIZABETH A. WRIGHT

Inspected by (name and title printed):

Inspected by (name and title) Walter Gray

Received by (signature):

Received by (signature):
Elizabeth A. Wright

Impacted by (signature):

Inspected by (signature): Dean W. R. B. F. V.

CC

88

221