



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 ~~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>Morr's Restaurant Inc.</i>		Telephone Number (<i>760</i>) (<i>627-9736</i>)	Date of Inspection (<i>mm/dd/yr</i>) <i>5/13/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>938 So. Washington St., Marion</i>				
Owner <i>Dane French</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <i>None</i>	Follow-up <i>No</i>	Release Date <i>100 Days</i>	
Owner's Address <i>50ml</i>	Summary of Violations: <i>P PE C</i>			
Person in Charge <i>Dane</i>	Menu Type (See back of page)			
Responsible Person's E-mail <i>—</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5			
Certified Food Handler <i>Base Mallory</i>	5/20/23			

- 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

May

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