



# 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 <b>Marrs Restaurants</b>	Telephone Number ( ) Establishment <b>( ) Owner</b> <b>6064-9736</b>	Date of Inspection (mm/dd/yr) <b>3/11/24</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>938 S Washington St</b>		Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Dane Franklin</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C _ NC _ R _</b>	
Owner's Address <b>Dane</b>	2. Follow-up	Menu Type (See back of page) <b>1 _ 2 _ 3 <u>X</u> 4 _ 5 _</b>	
Person in Charge <b>Dane</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Kim Bishop</b> <b>5/20/2023</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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	To Be Corrected By
			<b>NO VIOLATIONS</b>	

Received by (name and title printed): <b>DANE FRANKLIN</b>	Inspected by (name and title printed): <b>April Legare FSIO</b>
Received by (signature): <b>Dane Franklin</b>	Inspected by (signature): <b>April Legare</b>
cc:	cc: