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 McAlisters Deli	**Telephone Number** ( ) Establishment ( ) Owner 293-9005	**Date of Inspection** *(mm/dd/yr)* 3/11/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3912 S Western Ave			
Owner Southern Rock Restaurants	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 10days
Owner's Address Franklin TN		**Summary of Violations:** C— NC— R—	
Person in Charge Daniela		**Menu Type** *(See back of page)* 1___ 2 X 3___ 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler Laura Farmer 1-11-2028			

- 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
			NO VIOLATIONS	

Received by *(name and title printed)*: Daniela

Received by *(signature)*: Daniela J Ralston

Inspected by *(name and title printed)*: April Legare FSLO

Inspected by *(signature)*: April Legare

cc: | cc: | cc: