

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.

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Establishm	ient Name	0 0	01410	Telephone Number (V	Date of Inspection (mm/dd/yr) ID #
Establishm	ient Addre	SS (nu	mber and street, city, state, ZIP code)	Owner.	127
815 N Baldwin Ave Marion				674-4771	K113) / 1
Owner 1	1 CC 1			Purpose:	Follow-up Release Date
Owner's Address				1. Routine 2. Follow-up	Summary of Violations:
1080×1750 Marion				3. Complaint	Summary of Violations.
Person in (Charge	 N1 (`\ a	4. Pre-Operational	$C \setminus NC = R$
Responsib	le Person's	E/ma	il	5. Temporary	Menu Type (See back of page)
C. C. IF		n Mark Salamana		6. HACCP 7. Other (list)	1. 1/2 2 4 5
Certified Food Handler					1 2 3 4 5
• 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
LL	1191	C	4 packages of Luncha	bles datied	1-20-22 Polled
			2 packetses " i'i	date 2	1-1-da
			1 6		
		-			
		-			
	narod nettalismontonista (NAII) en en cialisti en esta (NAII)				
Received by (name and title printed): Inspected by (name and title printed):					
Received by (signature): Inspected by (signature):					
DUCCO Olegouden Scott /4/04/00 to 10					
CC:			cc:		ce: