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: Metal Source	**Telephone Number** (260) Establishment 347-4802 Owner	**Date of Inspection** (*mm/dd/yr*): 2-16-22	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2703 W 9th St MARION			
Owner: Snyder Food Services INC	**Purpose:** 1. Routine (circled)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: 3275 N Old State Rd 3	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge: TROY	4. Pre-Operational 5. Temporary	C___ NC^ R~	
Responsible Person's E-mail: —	6. HACCP	**Menu Type** (*See back of page*)	
Certified Food Handler: N/A	7. Other (*list*) _____	1 X 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
			No Violations	
			Have License at Location	

Received by (*name and title printed*): Troy Kistler	Inspected by (*name and title printed*): Scott Kirkendall
Received by (*signature*): Troy A. Kistler	Inspected by (*signature*): Scott Kirkendall FS10
cc: ~	cc: