

## 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.

Establishm		To	roice l	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr)		
Establishm	ent Addres	ss (nu	moler and street, city, state, ZIP code)	( )Owner	3/25	24	27
1341	W	GI	Mespiest Narim	1013-9421	العال		
Owner	Dhar	110	TROTO	Purpose: 1. Routine	Follow-up Release Date		
Owner's A	ddress	IU	1	2. Follow-up	Summary of Violations:		
	Vari	~	i on	3. Complaint	$\sim$		
Person in C	Charge	4.		4. Pre-Operational	C NC R		
Responsible	e Person's	E-ma	il	5. Temporary	Menu Type (See back of page)		
				6. HACCP 7. Other (list)			
Certified Fo	What Handle		2/20/2018			_3	_45
• 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		7		orrected By
324	NC	Chest Prezer in back has ice touching ASAP  Droduct.					
			product.		-		
							*
408	N		light covering above p	Proces n	0.6	As	NO
100	110		a polan cons	reported to	2	112	AT
345	C		Hand Washing Sink he	ed whensils u	n	Toc	la
	345 C Hand Washing Sink had whensits in Today						
	8 8						
				· · · · · · · · · · · · · · · · · · ·			
	3				-		
Received by (name and title printed):							
Stephanie Treto Konullogate 1818							
Received by (signature):  In precised by (signature):							
Styphenie but							
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