

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.

	CONTRACTOR MANAGEMENT CONTRACTOR				
Establishm	ent Name	M	12 Marsh	Telephone Number	Date of Inspection ID # (mm/dd/yr)
Nust	ON 1	16	ROLL OUR HOUSE	Establishment	200
Establishment Address (number and street city, state, ZIP code)				Cover 6947	2-24-22 21
135 W / ain St					
Owner				Purpose:	Follow-up Release Date
Signed & reity Mell				1. Routine	100 10 mg/2
Owner's A	ldress			2. Follow-up	Summary of Violations:
Damasia	$n \in \mathcal{L}$		\	3. Complaint	
Person in C	narge BN de	n		4. Pre-Operational	C NC R
Responsible		-Controller (Control	11	5. Temporary	Menu Type (See back of page)
Responsible	CI CI SUII S	L-IIIA	-	6. НАССР	Intella Type (See Sales Sypinge)
Certified Fo	nod Handle	r		7. Other (list)	$\begin{vmatrix} 1 & 2 & 3 \end{vmatrix} / \begin{vmatrix} 4 & 5 \end{vmatrix}$
BRAN den ROUL					
• 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	Naprative		To Be Corrected By
191	2		2 containers of Cole Stane co	th dufe of	Renovel
ι · (2922.		
			₩ .		
U20	N.C.		Contract Rippen at harroft	explica Many K	octor 30 days
750	The state of the s				
			Needs reported		
Received by (name and title printed): Inspected by (name and title printed):					
Brandon Rock Owner Depr Small 1850					
Received by (signature): Inspected by (signature):					
1 45/C/C					
CC: CC: CC:					