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 Sally's #7247	**Telephone Number** (765) Establishment (664-4672) Owner	**Date of Inspection** (*mm/dd/yr*) 10/22/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 602 N. Baldwin Ave, Marion			
Owner Che Cyero Drive In	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Alisha	3. Complaint	C— NC— R—	
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP		
Certified Food Handler Alisha Moore Issued 4/29/23	7. Other (*list*)	1___ 2___ 3 X 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	

Received by (*name and title printed*): Alisha Pierce	Inspected by (*name and title printed*): Amanda McCollum
Received by (*signature*): Alisha Pierce	Inspected by (*signature*): [signature] SPO
cc:	cc: / cc: