



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 <i>Ruler Foods #239</i>	Telephone Number () Establishment 765 () Owner 662-9660	Date of Inspection (mm/dd/yr) <i>4/24/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, zip code) <i>129 N. Baldwin Ave., Munising</i>			
Owner <i>Spicer Limited Partnership 1</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine<input type="radio"/> 2. Follow-up<input type="radio"/> 3. Complaint<input type="radio"/> 4. Pre-Operational<input type="radio"/> 5. Temporary<input type="radio"/> 6. HACCP<input type="radio"/> 7. Other (list) <hr/>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>501e</i>	Summary of Violations: <i>C N2 R</i>		
Person in Charge <i>Jennifer</i>			
Responsible Person's E-mail <i>[Redacted]</i>			
Certified Food Handler <i>N/A</i>	Menu Type (See back of page) <i>1 X 2 3 4 5</i>		

- 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
130	NC		Enticing, (C/NC) ceiling has dust (NC) off in the needs clean and repair	ASAP
178	NC		Ice on production (W/NC) in freezer needs to be removed	

Received by (name and title printed):

Inspected by (name and title, initialed) W

Jennifer S.

CC:

CC

607