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 Shamrock	**Telephone Number** ( ) Establishment	**Date of Inspection** (*mm/dd/yr*)	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 515 N. Washington St., Marion	( ) Owner 765 573 6335	10/23/24	27
Owner Jonathan Brandfield	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address same	2. Follow-up	**Summary of Violations:**	
Person in Charge Xaine	3. Complaint	C — NC 1 R —	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Jonathan Brandfield 5/20/20	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP	1___ 2 X 3___ 4___ 5___	
	7. Other (*list*)		

- 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
295	NC		Hood above grill soiled with grease and dust - needs cleaned	ASAP

Received by (*name and title printed*): Xaine Kirby	Inspected by (*name and title printed*): Angela M. McCollum
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: