

## 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 parrative portion of this report.

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Establishment Name				Telephone Number  Establishment	Date of Inspection ID # (mm/dd/yr)
Jubuay = 20490					1 21 12 2
Establishment Address (number and street, city, state, ZIP code)				898-0252	XXXXXXXXX
Owner Owner				Purpose:	Follow-up Release Date
VISIAN THRONING AT GROUP, TAKE				1. Routine	NO lodaus
Owner's Address				2. Follow-up	Summary of Violations:
PO 50X 4/3				3. Complaint	_
Person in Charge				4. Pre-Operational	C NC R
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)
				6. HACCP	
Certified Food Handler				7. Other (list)	12 \( \frac{1}{3} _ 4 _ 5 _ \)
Thelma Simpson Exp 3/20-2023 - 1-2/3-4-3-					
• 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 UIDICTIONS		
				***************************************	
Received by (name and title printed):  Inspected by (name and title printed):					
The ma simpson Scott Rikendall					
Received by (signature): Inspected by (signature):					
The was sendon Statt / lerensult 5510					
cc: cc:					