



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 The aMPersonal (Non for Profit)		Telephone Number () Establishment 715 658 8961	Date of Inspection (mm/dd/yr) 4/11/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 301 W. Spencer Ave., Marion		Owner Business Services INC	Follow-up NO	Release Date 100 Days
Owner's Address 204 1/2 S. Carey St., Marion	Purposes: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <hr/>			
Person in Charge Bethy Scher (Jim Albaugh)	Summary of Violations: <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R			
Responsible Person's Email Karen.stSmith	Menu Type (See back of page) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
Certified Food Handler Karen stSmith	4/14/25			

- 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"

Received by (name and title printed):

Received by (name and title printed):
Kelly Scher, VP of Advancement

Inspected by (name and title printed):

Received by (signature):

ed by (signature): Kelly Scher

THE MUSEUM

CC:

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