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~~ 26, 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 aMPersand	**Telephone Number** (765) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-17-25	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1321 W Spencer Ave			
Owner Carey Services	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 Days
Owner's Address	2. Follow-up	**Summary of Violations:**	
Person in Charge Kelly	3. Complaint	P — ~~PF~~ — ~~C~~ — R	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler Kelly Scher	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/PC~~	R	Narrative	To Be Corrected By
			No violations	

Received by (*name and title printed*): Kelly Scher	Inspected by (*name and title printed*): Dew Sill
Received by (*signature*): Kelly Scher	Inspected by (*signature*): Dew Sill FSO
cc:	cc: / cc: