



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>The Good Vault</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>401 South Street Anderson</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>WWD</i>		
Owner <i>Wendy Engle</i>	Follow-up Release Date		
Owner's Address <i>Same</i>	Summary of Violations:		
Person in Charge <i>Wendy Engle</i>	C NC R		
Responsible Person's E-mail <i>Wendy.Engle</i>	Menu Type (See back of page) 1 2 3 4 5		
Certified Food Handler <i>Wendy Engle</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
			<i>McVightond</i>
Received by (name and title printed): <i>Wendy Engle Owner</i>	Inspected by (name and title printed): <i>Angela Hallum</i>		
Received by (signature): <i>Wendy Engle</i>	Inspected by (signature): <i>Angela Hallum 7/3/10</i>		
cc:	cc:	cc:	cc: