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 Green Olive Bar

Establishment Address (*number and street, city, state, ZIP code*): 112 E Bradford St

Owner: Alan Drury

Owner's Address: Same

Person in Charge: Paula

Responsible Person's E-mail: —

Certified Food Handler: Alan Drury exp 3-2028

Telephone Number: Establishment 968 / Owner 668 8030

Date of Inspection (*mm/dd/yr*): 10-10-24

ID #: 27

Purpose:
1. Routine (circled)
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (*list*) ______

Follow-up: No

Release Date: 10 days

Summary of Violations: C___ NC — R —

Menu Type *(See back of page)*: 1___ 2___ 3 X 4___ 5___

• 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 violations	

Received by (*name and title printed*): Paula Mullenix

Inspected by (*name and title printed*): [illegible]

Received by (*signature*): Paula Mullenix

Inspected by (*signature*): [illegible]

cc:

cc:

cc: