



**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>Valerio's Birrin</i>		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>4/13/28</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>3230 S. Marion St</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>			
Owner <i>Raquele Valerio</i>		Follow-up <i>ND</i> Release Date <i>10/05</i>			
Owner's Address <i>S. McClure St</i>		Summary of Violations: <i>C NC R</i>			
Person in Charge <i>Raquele Valerio</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>			
Responsible Person's E-mail <i></i>					
Certified Food Handler <i>Raquele Valerio</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		To Be Corrected By
			<i>No violations</i>		
Received by (name and title printed): <i>Raquele Valerio</i>			Inspected by (name and title printed): <i>Debra Smith</i>		
Received by (signature): <i>Raquele Valerio</i>			Inspected by (signature): <i>Debra Smith</i>		
cc:	cc:	cc:			cc: