

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.

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Establishm	ent Name		1000 10001/11	Telephone Number	Date of In (mm/dd/y)	nspection ID #
	MM	\overline{y}	MO Waltomat	Stablishment		
Establishment Address (number and street, city, state, ZIP code) Owner						
CPADI TI MILLAMOLUCYALI						
Owner Royal Co.				Purpose:	Follow-u	·
TOOM THUNDING				1. Routine	THE.	1 ludrys
Owner's Address				2. Follow-up	Summai	ry of Violations:
Ulmp				3. Complaint		•
Resson in Charge Resson in Charge				4. Pre-Operational	C	NC R
Responsible	e Person's	E-mai	il	5. Temporary	Menu T	ype (See back of page)
•				6-HACCP	·	
Certified Fo	od Handle	er		(1. Other (list)	1 2	2 3 4 5
Appen Krokrud					^—-	·
• 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
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