

## 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.

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Establishment Name Flamantory				Telephone Number  ( ) Establishment	Date of Inspection ID # (min/dd/yr)
Establishment Address (number and street, city, state, ZH code)				7650wner (1000)	823/24/21
owner orrow Comm. Schools				urpose:	Followup Refease Date
Owner's Address				2. Follow-up 3. Complaint	Summary of Violations:
Person in Charge				4. Pre-Operational	C NC R
Responsible Person's E-mail				5. Temporary 6. HACCP	Menu Type (See back of page)
					V
Certified Food Handler				7. Other ( <i>list</i> )	12345
• 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	Marrative		To Be Corrected By
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			1/0/1/0/10	717	
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Received by (name and title printed):  Inspected by (name and little printed):					
Kim Khodes Intunada Hatrallum					
Received by (signature): Inspected by (signature):					
Lim Harolon					
cc: cc:					