

## 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				Telephone Number	Date of Inspection (mm/dd/yr)		
Fatablishm		7	mper and street, city, state, ZIP code)	( ) Establishment		1	1-1
	) E	ss (na	bon Kohur a M	( ) Owner	61	29	a/
Owner	Λ	^	00 '600	Purpose:	Follow-up Release Date		
	ro	)	4, 11001	1. Routine	10 days		
Owner's A	ddress	16		2. Follow-up 3. Complaint	Summary of Violations:		
Person in C	Charge	\	M. May bol	4. Pre-Operational	C NC R		
Responsible	e Person's	E-ma	il John John	5. Temporary	Menu Type (See back of page)		
				6 HACCP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· • J F **8=)
Certified Food Handler 1							_45
James Warren Transfush							
• CRICICAL 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		1	То Ве Со	rrected By
			No VICLATIONS				
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