

## 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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Establishm	ent Name	$\sim$	Pa Korn	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr)			
Establishme	ent Addre	ss (nu	umber and street; city, state, ZIP code)	( ) Owner	5.3.	211	22	
241	52	1	J. Kom Bd				01	
Owner	- 4		0 //	Purpose:	Follow-uj	p Relea	se Date	
Al.	MCC	C	Mode	1. Routine	10 CAY			
Owner's Ac	ldress			2. Follow-up	Summary of Violations:			
Person in C	Thorago			3. Complaint	CNC R			
	~ ~	1	n ProNt	4. Pre-Operational	C NC R			
Responsible		// //		5. Temporary	Menu Type (See back of page)			
,				6. НАССР				
Certified Fo	ood Handle	er	0 11	7. Other (list)	1345			
Jus	DU	16	o boodt		, ,			
• 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 Co	orrected By	
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