

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	ple	club A Bear & Carda	Telephone Number	Date of Inspection (mm/dd/yr) ID #		ID#
Establishm	ent Addres	<u> </u>	upber and street dity, state, ZIP code)	(G) Efwiner 6 (4)	6-11-24 27		17
3402 S MULLIM 82						(D-4-
Owner R. L. A. C. L.				Purpose:	Follow up Release Date		
Owner's Address				2. Follow-up	Summary of Violations:		
g g				2. Fonow-up 3. Complaint	Summary of Violations: p		
Person in C	harge		11.	4. Pre-Operational	C NC R		
('hrei	Marie Commission of the Commis	Ual	(VDC)	4. Fre-Operational 5. Temporary			
Responsible	e Person's	E-ma	il	6. HACCP			
of the tro		james terresis and the second		7. Other (<i>list</i>)			
Gertified For	ood Handle	er	135 2020	7. Other (131)	12_	3_ <i>\lambda</i>	<u></u>
• 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"							
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