

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.

And a supplemental and a supplem		10000	of their violation is specified in the narrative portion of the	no report.	
Establishm	,	/	. /	Telephone Number	Date of Inspection ID # (mm/dd/yr)
Babble drinks				() Establishment	
Establishment Address (number and street, city, state, ZIP code)				() Owner	1 21 124 21
17905 Wapers Rd					8/01/24 1 4
				Purpose:	Follow-up Release Date
Jesse Word				1. Routine	NO NIA
Owner's Address				2. Follow-up	Summary of Violations:
				3. Complaint	
Person in Charge				4. Pre-Operational	C NC_2 R
Responsible Person's E-mail				5. Temporary	M. T. (S. L. L. C.
Responsible retson's E-man				6. НАССР	Menu Type (See back of page)
Certified Food Handler				7. Other (<i>list</i>)	$1 \sqrt{2} \cdot 3 \cdot 4 \cdot 5$
				ana na	1_V_2343
Modica					
• 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
			FAN soiled - Needs cleaned	d or replaced	1
			,	7 / 17	
	FAN soiled - Needs cleaned on replaced Water outlet wasn't in grey tank				
			VORIOCI SOUND TO C	109 1010	
				A A A A A A A A A A A A A A A A A A A	
	14		AAAA AAA		
Received by (name and title printed): Inspected by (name and title printed):					
Tori wood Kull Kelloma / John Carant					
Received by (signature): Inspected by signature):					(101) 1 xx
d	7-cb	<i></i>	- CERW	MYLIVX	John learn A
cc:					