

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.

PHILIPPIN SAN DELECTION OF THE PRINCIPLE				LOCAL ST 1.2	Date of Ins	pection ID#
	RRQUI		Kin 863	Telephone Number (*) Establishment	(mm/dd/yr)	e~1
Establishme	ent Addres	s (mi)	mber and street, city, state ZIP code)	(ggwiedty)	1-1	224 27
Owner Clarkon's L.C.				Purpose: 1. Routine	Follow-up Release Date Summary of Violations:	
Owner's Address Syruluse NY				2. Follow-up 3. Complaint		
Person in Charge				4. Pre-Operational	C	NC R
Responsible Person's E-mail				5. Temporary 6. HACCP	Menu Ty	pe (See back of page)
Certified Food Handler Les Von 1Ac (Son Vi 6-2028)				7. Other (<i>list</i>)	12	3/ 4_5_
• CRITICAL ITEMS ARE DENTIFIED IN THE CHECKLIST AND WARRATIVE COLUMNS MARKED "C"						
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	IMMARY OF VIOLATIONS" AN	ID IN THE N	The state of the s
Section#	C/NC	R	Narrative	1/10	-	To Be Corrected By
431	NC		Grenses on floor & under &	egerment (Fre	gens)	10 Sray
295	NC		Grense Si Lo of Inyers 111	lso Next to		
		-				
					1	
P		1 42 41		Inspected by (name and title)	vintéd):	
Received by (name and title printed): Neshan Richards Linspected by (name fand/title printed): Plan Dust						
Received by	(sjenature	<u>;):</u>		Inspected by (signiture):	PF	Stal
cc:			cc:		cc:	/