

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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| Establishment Name On Don Don Don Don Don Don Don Don Don Do | | | | | | Telephone Number () Establishment | Date of Inspection (mm/dd/yr) | | ID# |
| Establishm | nent Addre | SX ss (nu | mber find street, city, state, 2 | | יעט | () Owner | | | |
| Owner | | | | | | Purpose: | Follow-up | Relea | se Date |
| Mandy 3 from 4 m monter | | | | | | 1. Routine | | | |
| Owner's Address | | | | | | Follow-up Complaint | Summary of Violations: | | |
| Person in Charge | | | | | | 4. Pre-Operational | C NC R | | |
| munuy rum Uniutophun | | | | | | 5. Temporary | | | |
| Responsible Person's H-mail | | | | | | 6. НАССР | Menu Type (See back of page) | | |
| Gertified Food Haftilet | | | | | | 7. Other (list) | 12345 | | |
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| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | | | | | | | | | |
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| Section# | C/NC | R | | Narrative | e / | 1 | | To Be Co | orrected By |
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| Received by | (signature) | : : | | | # | Inspected by signaphie): | | la | ent |
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