

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	1 /		2221	Telephone Number (Date of Ins (mm/dd/yr)	spection ID#	
				(Establishment	100	221 10	
Establishme	ent Addres		unber and street, city, state, ZIP code)	1574 WDel 804	12	324 27	
40			MAN of	art col			
Owner MAC	2'	Co	murenience Stores LLC	Purpose:	Follow-li	Release Date	
Owner's Address				2. Follow-up	Summary of Violations:		
P. O. Box 347 Colimbus IN				3. Complaint		, ,	
Person in Charge				4. Pre-Operational	-c l	$NC - \widetilde{R}$	
<u>(</u> 30	Rent	γ		1			
Responsible		E-ma	il	5. Temporary	Menu Ty	pe (See back of page)	
	-			6. HACCP		M .	
Centified Fo			1) 0.50	7. Other (list)	12	N 3 4 5	
MI /IM	i K	26	notin exp 2028				
• 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	
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