

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	1 4 4	neterit Haveritades	4702702	Telephone Number (Zor)-Establishment	Date of Inspec (mm/dd/yr)	ction	ID#
Establishment Address (number and street, city, state, ZIP code)				() Owner of and	29 1	10	19
308 & MON ST				6719×18752	7-9-2	Ψ	0
Owner 1				Purpose:_	Follow-up	Releas	se Date
	a Con	Men	Tence Stones	1. Routine	NO 11 JANS		
MACS CONVENCY STANCS Owner's Address				2. Follow-up	Summary of Violations:		
Po. Box 347							
Person in Charge				3. Complaint	c = Nc 2 R		
A	WS			4. Pre-Operational	C NC		
Responsibl		E-mai	il	5. Temporary	Menu Type (See back of page)		
				6. НАССР	1.		
Certified F	ood Handle	r j	jamenta jamenta kanada kanada	7. Other (<i>list</i>)	$\begin{bmatrix} 1 & 2 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 1 \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 1 \end{bmatrix}$		
Char	-,	5 H	He cop 6-2025		- <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"							
Section#							rrected By
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Received by (name and title printed): Inspected by (name and title printed):							
Christomer Balland Dear Simil							
Receixed by (signature): Inspected by (signature):							
cc: Reuthell cc:							
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