



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.

Form with fields: Establishment Name (CRACK in Shack), Telephone Number (618-0102), Date of Inspection (5/17/24), ID # (27), Owner (Donna Toy), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Person in Charge (Donna), Certified Food Handler (Donna Toy).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'NO VIOLATIONS' in the Narrative column.

Received by (name and title printed): Donna Toy; Inspected by (name and title printed): Philip Legare RSD; Received by (signature): Donna Toy; Inspected by (signature): Philip Legare

cc: fields for distribution list