

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.

The time family for correction of each violation is operated in the narrative posterior and approximately								
Establishme	ent Name		N	Telephone Number	Date of Inspection ID # (mm/dd/yr)			
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Establishme	ent Addres	s (nui	mber and street, city, state, ZII code)	() Owner	2-10	24	27	
452	125	20	uth 300 West			Date and the second second second		
Owner				Purpose:	Follow-up Release Date			
Undum Stulton				Routine	10 /0 mg			
Owner's Address				2. Follow-up	Summary of Violations:			
Samo				3. Complaint				
Person in G	harge			4. Pre-Operational	C NC R			
		\sum	Dr. RAON (JOM)	5. Temporary				
Responsible	Person's	E-mai	1	6. НАССР	Menu Type (See back of page)			
				7. Other (list)		•	4 =	
Certified Fo	A	er f		1/25 /25	12345			
100m stilton 1750/25.						and the second second second second		
• 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			and the second second second	orrected By	
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