

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

Annual Control of the	erie ielleinterementere					
Establishment Name Of the Colobbast 262				Telephone Number () 8Establishment	Date of Inspection (mm/dd/yr) ID#	
Establishment Address (number and street, city, state, ZIP code)				(29) 3 water 2285	14.24 27	
Dolger Carp LLC				Purpose: 1. Routine	Follow-up Release Date	
Owner's A	ddress	1	TN -	2. Follow-up 3. Complaint	Summary of Violations:	
Person in C	Charge	— A		4. Pre-Operational	C NC R	
Responsible Person's E-mail				5. Temporary 6. HACCP	Menu Type (See back of page)	
Certified Food Handle A				7. Other (<i>list</i>)	1 2 3 4 5	
• 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"						
WWW.commenceres		- Contraction of the Contraction		MIMARI OF FIGURESCENE III.		
Section#	C/NC	R	Narrative		To Be Corrected By	
		<u> </u>	No wolations			
		ļ!	Mo Monthan.			

		\vdash				
	-	\vdash				
	 	 				
		<u> </u>		***************************************		
		+				
		<u> </u>				
	-	-			And the second s	
			`			
				1900 (1917) Objektivo voormanen kaalistoon menotoovaa uuruutela maasiloitika voita nesokaksa nisek		
Received by	Received by (name and title printed): Nakita Punis Den Jan					
Received by	(signature):		Inspected by (signature):	, на визменя поставления поставления в поставления поставления поставления поставления поставления в поставления поста	
<u>M</u>	ekit	<u>a</u>	Punt.	Hear Kell		
cc:			ce:	`	cc:	