

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.

E-Western Control (Assessment Control		221121111112			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, a garanta de la companio de la co		
Establishm	ent Name	<i>b</i> c	1105010	Telephone Number () Establishment	Date of Insp (mm/dd/yr)	ection	ID#	
Establishm	ent Addres	ss (nu	mber and street, city, state, ZIP code)	() Owner	4-13	24	27	
Qwner	100	7	Prod Lord	Purpose: 1. Routine	Follow-up Release Date			
Owner's A	ddress	$\overline{\cap}$	12 MOGSA	2. Follow-up	Summary of Violations:			
Person in C	harge		son diand	3. Complaint 4. Pre-Operational	CNC R			
Responsible	e Person's	E-ma		5. Temporary	Menu Type (See back of page)			
				6. HACCP 7. Other (list)	1 1.			
Certified F	Of Handle	er <u> </u>	Boadhord		12_	3_/\	_45	
• 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 To Be Corrected By								
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