

## 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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Establishment Name				Telephone Number	Date of In	spection	ID#
H Duch Pour				( ) Establishment	(mm/dd/yr	1	
Establishment Address (number and street, city) state, ZIP code)				(del-1461	121	24	177
DID ECOL DON' VIVA				11/11/20 - 14/61	1510"	•	2
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Owner	0	1		Purpose:	Follow-u	ip Relea	se Date
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Owner's Aldress				2. Follow-up	Summary of Violations:		
O					Summary of Violations.		
Person in Charge				3. Complaint	C NC D		
I Z	1 1		No. DAY	4. Pre-Operational	C NC R		
771	NV		JUSTO	5. Temporary			
Responsible	e Person's	E-mai		6. HACCP	Menu Type (See back of page)		
				0. HACCI	,		
Cogtified Fo	ood Handl	eŗ	1.0	7. Other (list)	1 2 3 4 5		
I I'm this Sandiday							
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE	NARRATIVE	BELOW AS "R"
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Section#	C/NC	R	Narrative			10 Be C	orrected By
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Received by	(signature	):		Inspected by (signature):			
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