

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 parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of this report.						
Establishm		nl	1 High Smool	Telephone Number () Establishment	Date of In	nspection ID #
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Owner _		1	TOUE., Warland	Purpose:	Follow	np Release Date
Kasl	loru	4	Comm Sylvys	1. Routine	NU) [Outings
Owner's A		WE	2	2. Follow-up	Summar	ry of Violations:
Person in C				3. Complaint 4. Pre-Operational	C_	NC_R_
7/10	nace	77. 770		5. Temporary		
Responsible	e Person's	E-mai	1	6. HACCP	Menu 1 y	ype (See back of page)
Centified F	ood Handl	er	ahoner 1554ed 5/2	7. Other (<i>list</i>)	12	234 \ 5
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	MARKED "C"		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
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