

RETAIL FOOD ESTABLISHMENT

INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

1-TEMP THERM	OLABEL ®	ฮ
Square turns black as temperature is reached	160°F 71°C	1-160

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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Establishm	ent Name	5	north Flormanton	Telephone Number () Establishment	Date of In (mm/dd/yr	spection ID#		
Establishm	ent Addre	s (nu	mber and street, city, state, ZIP code)	7650wner 90X - 2000	8/2	124 21		
9wner 1	rnot	1	NIMIM SAMOS	Purpose: 1. Routine	Follow b	P Release Date		
Owner's A	deress	90	OK., Marion	2. Follow-up 3. Complaint	Summar	ry of Violations:		
Person in C	Charge			4. Pre-Operational	C	NC R		
Responsible	e Person's	E-ma	il	5. Temporary 6. HACCP	Menu Ty	ype (See back of page)		
				7. Other (list)		. V		
Certified Fo	Cod Handle	N (W 1354cd 5/2023	7. Other (1181)	12	3_4_5		
• CRITICAL	ITEMS AF	E IDI	ENTIFIED 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			To Be Corrected By		
			1111					
			NO VIOLUTO	(1)				
			, 4					
*								
				9.				
				Λ				
					AA			
Received by	(name and		doler hitchen munue	Inspected by (name and title p	rinted)	lum		
Received by	(signature		acel mana manager	Inspected by Lignature):	1	7		
	cui		relde	Unilyayu	7	510		
cc:		- 12	cc:		cc:			