

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.

Establishment Name ELTO CON EXORESS	Telephone Number () Establishment	Date of Inspection (mm/dd/yr)	
Establishment Address (number and street, city, state, ZIP code) N Baldwin Ave Macion	206-1290	4/30/24 27	
Puner Treto	Purpose:	Follow-up Release Date	
Owner's Address	2. Follow-up	Summary of Violations:	à
Person in Charge	3. Complaint 4. Pre-Operational	$c \perp Nc \leq R^2$	>
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type (See back of page)	
Certified Food Handler US TRUTO 11/2/12023	7. Other (list)	12345_	-
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN		R"
Section# C/NC R Narrative	1.7	To Be Corrected By	
351 NCX Trush Can in restroom must	have A liid	Johny	
310 NC V Hord vent must be Profession	al Clemed	ASAP	
, , , , , , , , , , , , , , , , , , ,	1 1	1 71	
408 NC Wall Above Serun window	s has dust or	VIF 10 Smg	
295 C White brettet home in his dow	has Clean IN	leg/c	
in it - Soile and the portor	11.12 4 4 10		
20 01 301	1. 1. 11		
298 NU Bottom of Coen Color Col	len Mys dels	W215' \	
110 14			
	9		
A			
Received by (name and title printed):	Inspected by (name and title p	printed) ()	
Received by (signature):	Inspected by (signature):	Ol .	
сс: сс:		cc:	
		Page / of	