

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.

B . 1111		-		T. I. I. N. I.	Data of Inc	meetien ID#
Establishm	ent Name	^	. 60	Telephone Number	Date of Ins (mm/dd/yr)	
THI	0	(()	UDD DGILLORIAN	() Establishment	(
Establishment Address (number and street, city, state, ZIP code) () Owner						DALL 201
DOSK IN SANE KOKOMO						824 27
				Purpose:	Follow-u	p Release Date
Owner					Follow-uj	
Minmul Jaken				1. Routine	00	10 days
Owner's Address				2. Follow-up	Summary	y of Violations:
			9	3. Complaint		
Person in C	harge		D .		C-	NCR_
15	_	~~	Runh	4. Pre-Operational	C	_ NC N
		\mathcal{M}	4 Sul	5. Temporary	3.4 T	(6. 1. 1. 6)
Responsible	e Person's	E-mai		6. HACCP	Menu 1 y	pe (See back of page)
			0	I		
Certified Fo	ood Handle	er	Δ.	7. Other (list)	1 2	345
U V	100	γ	II MINA	1000100		
• 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	Narrative			To Be Corrected By
Sections	CINC	K	TVAITATIVE			To be Corrected by
			1 1 1 0			
			NO UIDIATURS			
			V			
			1000 100 100 100 100 100 100 100 100 10			

						,
			×			
						.8
Received by (name and title printed): Inspected by (name and title printed):						
Panne Busch						
Received by (signature): Inspected by (signature):						
Will the						
cc: cc: cc:						