

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.

Establishm	ent Name	<u>.</u> _	Browne Co	Telephone Number () Establishment	Date of Inspection ID # (mm/dd/yr)
Establishment Address (number and street, city, state, ZIP code) 245 E Main St bas Laty Owner's Address Person in Charge Responsible Person's E-mail				() Owner 5 13 - U5 4 5 Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	1 2 3 4 5
• 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
			No violat	ion S	
Pacaived by	(nama ana	ltitle	nuinteel):	Inspected by (name and title p.	vintady
Received by (name and title printed): CC: Inspected by (name and title printed): CC: CC					