

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	7	Compronimo	Telephone Number () Establishment	Date of Inspection ID # (mm/dd/yr)	
Fetablishm	Int Addre	~ (1111	UN (USULUS V)	1	112	a. 12
)	1	mber and street, city, state, ZIP code)	() Owner	618-	3481
Owner Harmon and 310000.				Purpose: 1. Routine	Follow-up Release Date	
Owner's A	ddress		4 MONORAN - 4 MINO	-1	and the same of th	
Samo				2. Follow-up 3. Complaint	Summary of Violations:	
Person in Charge				4. Pre-Operational	CNC R	
Responsible	e Person's	E-ma	in the following the second of	5. Temporary	Menu Type (See back of page)	
Assignment to som of a main				6. HACCP		
Certified Food Handler				7. Other (list)	12_	3 × 45_
(')	in		CD HODALDOD			
• 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
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