

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 | Telephone Number | Date of Inspection ID # (mm/dd/yr) |
|--|---|------------------------------------|
| +Hor 33/3 | Establishment | |
| Establishment Address (number and street, city, state, ZIP code) 3038 S Western M | () Oyner 9491 | 8124 27 |
| Owner RMLS HOV FALLOWALLC | Purpose: 1. Routine | Follogy-up Release Date |
| Owner's Address Phony A7 | 2. Follow-up | Summary of Violations: |
| Person in Charge | 3. Complaint 4. Pre-Operational | C NC_3 Res |
| 12/46 | 5. Temporary | |
| Responsible Person's E-mail | 6. НАССР | Menu Type (See back of page) |
| Certified Food Handler , 107 | 7. Other (list) | 1 2 3 4 5 |
| IRAU GRSTOFF COD 2027 | | |
| • 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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| Soited | | |
| | | |
| 402 Ne Dust on wall Around energency lightin Kitchen | | |
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| dich were and back of Ktole | | |
| A remodel will take Blace of Inter dute. | | |
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| Trae Gerstorff Agm Den Szuh | | |
| Received by (signature): | | |
| executed who full 15to | | |
| cc: | | |
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