

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.

The time min 10	i collection	i of each violation is specified in the narrant persons as	2		
Establishment Na	ame	Meller	Telephone Number () Establishment	Date of Inspection ID # (mm/dd/yr)	
Establishment A	ddress (nui	nber and street, city, state, ZIP code)	() Owner	6.2.24 27	
4013 5. 4 mollan 5t				,	
Owner	4 1	Unc Day of Am	Purpose:	Follow-up Release Date	
Owner's Address			2. Follow-up	Summary of Violations:	
1512	3 47	St. Hom St.	3. Complaint	f /	
Person in Charge	e	Con	4. Pre-Operational	C / NC / R	
Div	All	to CACHYOM SARA	5. Temporary		
Responsible Person's K-mail			6. HACCP	Menu Type (See back of page)	
				X	
Certified Food Handler			7. Other (<i>list</i>)	12/\sqrt{3}45	
JANG 9 4 DODUT					
• 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/N	NC R	Narrative	()	To Be Corrected By	
295 C		Inside Mucho Chip WARMER-	Needs Clemmed	to Man	
out - touching fresh Chips					
		100 9470 4 11371 375	D. G. Calif		
1900 NI	295 NC Outside of Flavored Syrup bother-has				
213 10	21) NC OUTSICE OF PHOOTE & SUITOF 130 1155 MIS				
		dried syrup.	•		
		U			
			*		
Received by (name and title printed):					
Sam Deshitt					
Received by (signature): Inspected by (signature):					
Woon Kneel 1540					
cc: cc:					