

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.

			A comment of the comm	·			
Establishm		F	Budd as a Frank	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) ID #		ID#
Service William Communication of the Communication	anc		surgers towar	_	10 0	,	201
Establishmo	ent Addres	ss (pu	niper Ind street, city, state, ZIP code)	() Owner	4-8,20	1	d/
Owner	1		We reco	Purpose:	Follow-up	Relea	se Date
Scot	HT K	<u>ل</u> ى و	يال	1. Routine		10	Mry C
Owner's Ac	ddress	•		2. Follow-up	Summary of Violations: f		
me	ul			3. Complaint			
Person in C	1 /	١.	72	4. Pre-Operational	C NC R		
	uship		Brown	5. Temporary	Mana Tana (Gardanda Gara)		
Responsible	e Person's	E-ma		6. HACCP	Menu Type (See back of page)		
Certified Fo	ood Handl	er		7. Other (list)	1 2 3/1 4 5		
Sw			der en 2028				
• 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		T	o Be Co	orrected By
			Host System waily Soiled - Clepning				
		<u> </u>					
		ļ	Required!				
		<u> </u>					
			Ansal system must opense some civilis				
			with carried Needs beharde ay Momon K				
		l		1. 17 AM - 187 AV			
Received by (name and title printed): Inspected by (name and title printed):							
Received by (name and title printed): CHRISTOPHER LEE BROW WANTED INSPECTED BY (name and title printed):							
Received by (signature): Inspected by (signature):							
Received by (signature): This pected by (signature): The first start of the signature of							
cc: cc: cc:							