

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		The I	Telephone Number	Date of Inspection ID # (mm/dd/yr)		
25	LO!	120	er Truck	Establishment	il. I	24 77	
Establishm	ent Addre	ss (nun	nber and street, city, state, ZIP code)	() Owner	4120	0	
906 Carrolton Are Selvo Indianapolis 607-8494							
Owner			0	Purpose:	Follow-up	Release Date	
	1110	1-1	(1. Routine	NA 11)days		
Owner's A	ddress		,		Summary of Violations:		
	me			2. Follow-up	Summary	of violations:	
Person in C				3. Complaint			
1 crson in C	Juarge			4. Pre-Operational	C NC R		
ъ ",		Б		5. Temporary	Menu Type (See back of page)		
Responsible	e Person's	E-mai	1	6. НАССР	Menu Tyj	pe (See back of page)	
				7. Other (list)			
Certified F	ood Handl	er	1 151	10-014/00L	12	345	
	WO	CT	632019	Dichard			
• 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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