

## 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 state of the s	o reporti			
Establishm	ent Name	H	of Door.	Telephone Number  ( ) Establishment	Date of Inspec (mm/dd/yr)	Date of Inspection (mm/dd/yr) ID #	
Establishm	ent Addre	ss (nu	mber and street, city, state, DP code)	( ) Owner	7/2/	24	27
Qwner		$\sim$ 1	· White	Purpose:	Follow up	7 7 L Pálos	Se Date
Mar.	$\frac{5}{2}$	4	My Culberton	1. Routine	Follow-up	Keleas	ie Date
Owner's A	idress	D		2. Follow-up	Summary of Violations:		
Person in C	harge	<del>/</del> \	May a Nh. los	3. Complaint 4. Pre-Operational	$C \nearrow NC \nearrow R \nearrow$		
Responsible	Person's	う \ E-ma	1 Will Collow 1	5. Temporary	Menu Type (See back of page)		
				6. HACCP 7. Other (list)			
Certified Fo	nod Ḥandl	er V	My 10 Cilbon tom	Mather Park	1		
• 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		Т	o Be Co	orrected By
			No Violations				
			7.00				-
				7,74			
	:			Marie and the second se			
Received by	(name and	title p	rinted):	Inspected by (name and title pr	inted):		
limmy of tenny							
Received by (signature): Inspected by (signature):							
	1 fc	D	Ve Culto	X Veny			
cc:			cc:		cc:		