

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.

			if of each violation is specifically the market of portion of the		
Establishm	ent Name			Telephone Number	Date of Inspection ID # (mm/dd/yr)
ムム	1-		meneron will	() Establishment	,
Establishment Address (number and street, city, state, ZIP code)				() Owner	618.24 27
LIDIY EVAMO OX XIDIMADO					
Owner				Purpose:	Follow-up Release Date
I POLIDET CONTROL				1. Routine	NU 10 ongs
Owner's Address				2. Follow-up	Summary of Violations:
150mD				3. Complaint	
Person in Charge				1	$C \setminus NC \setminus R$
KODINE! [Jin TOH				4. Pre-Operational	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)
•				6. HACCP	1.
Certified Fo	ood Handle	er		7. Other (list)	1 2 3 1 4 5
KOINTI MA				\L.H_	1
1 V WALLY WELL					
• 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	rannan ezentuar maran erannan ezentuar erannan ezentuar ezentuar ezentuar ezentuar ezentuar ezentuar ezentuar Erannan ezentuar erannan ezentuar erannan ezentuar ezentuar ezentuar ezentuar ezentuar ezentuar ezentuar ezent	To Be Corrected By
				CONTRACTOR	
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