

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.

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Establishmo	ent Name	L	A Le	Telephone Number	Date of Inspection ID # (mm/dd/yr)			
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Owner /	,		~ . // .	Purpose:	Follow-up Release Date			
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Owner's Ac		/	The state of the s	2. Follow-up	Summary of Violations:			
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Person in C		TILE		3. Complaint				
	77.2	9		4. Pre-Operational	CNC R			
Responsible	W//	E mo	:1	5. Temporary	Menu Type (See back of page)			
responsible	: reison s	E-ma	ii	6. HACCP	Wienu Type (See back of page)			
G AG LE		-	MEDISA SA S	7. Other (list)	$\mathbf{I}_{\mathbf{I}}$			
Certified Fo	,	r) [ANC euro 2027		12_	3 <u>_{//</u>	_45	
• 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"								
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