

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.

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Establishment Name : Start Cher						Telephone Number () Establishment	nent (mm/dd/yr)				
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Person in Charge Riddy						3. Complaint 4. Pre-Operational		NC_	R		
Responsible Person's E-mail						6. HACCP			Menu Type (See back of page)		
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