

## 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.

	**************************************				A		4. V.A. V.
Establishmer	nt Name	$\sim$	Provious #2	Telephone Number  ( ) Establishment	Date of Ins (mm/dd/yr)		ID#
Establishmer	nt Addres	s (nui	mber and street, city, state, ZIP code)	( ) Owner	6-18	324	27
Oxyner				Purpose:	Follow-u	n I Ralaa	a Data
1501	) (	$   \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum$	10000	1. Routine	Follow-up Release Date    V   V   S		
Owner's Add	$\sim$			Follow-up     Complaint	Summary of Violations:		
Person in Ch	arge	3	Joan Momoo	4. Pre-Operational	C NCR		
Responsible	Person's 1	E-ma		5. Temporary 6. HACCP	Menu Type (See back of page)		
Covicate	1 17			7. Other (list)	1 -	C 1	<i>-</i> -
Certified Foo	od Handle	<u>'</u>	nomoo		1_2_3_4_5		
• 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 Co	rrected By
			1				
			NO VIOLATIONS				-
			100 cicine hos.	· · · · · · · · · · · · · · · · · · ·			
						war -	
				NAME OF THE PARTY			
							***************************************
Received by	name and	titla :	printed):	Inspected by Juame and title n	rinted):		
Received by (name and title printed):  AWAYLA HOK  LEGAN  LIGSpected by (name and title printed):							
Regived by (signature):  Inspected by (signature):							
Uno	Wea	) f	bek	Doentaly			
cc:			ce:		cc:		