

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 Or Marcana Rost.	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) ID #
Establishment Address (number and street, rity, state, ZIP code)	(65)-0452	4130124 0
Socrates Montano	Purpose:	Follow-up Release Date VES.
Owner's Address	2. Follow-up	Summary of Violations:
Person in Charge	3. Complaint	$_{\rm c}3$ $_{\rm Nc}2$ $_{\rm R}2$
Hun	4. Pre-Operational	CO NC R
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
	6. HACCP 7. Other (<i>list</i>)	Y
Certified Food Handler Aun buerra 9/18/2021		123/_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narrative		To Be Corrected By
187 C Kaw Shings BEET In cools	r (NORTHEND)	Today
Lemped at 50°		
295 NC Below Brill on North Wall has find t		
orease debris		
To Include Food racks in walkin Cooler		
191 C Shredded Chicken Steak in walkin Not		
labeled Idated		
to x racharde chies no black to be		
177 NC & BOOF Chicken Murture in Walkin		
Nut covered	111 1000(10(1)	
295 C Ice Scoop aunc directly in ice		
on waitline		
Offwarfillio		
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Received by (name and title printed):	Inspected by (name and title p	rinted):
Turan Guiz (a		
Received by (signature): May C. Muern Muern May Dawn My Dawn		
Juan C. Suero		
cc: cc:		
		<u> </u>