

## 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.		
Establishment Name  Address (number and street, city, stare, ZIP code)  Solve of the control of	Telephone Number  ( ) Establishment  ( ) Establishment	Date of Inspection (mm/dd/yr)  The state of Inspection (mm/dd/yr)  The state of Inspection (mm/dd/yr)
Pune Collos Moristian Salm	Purpose:  1. Routine	Follow-up Release Date
Owner's Address	2. Follow-up	Summary of Violations:
Person in Charge	3. Complaint	C NC R
tina Jodge	4. Pre-Operational 5. Temporary	C NC R
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)
Certiffed Food Handler	7. Other ( <i>list</i> )	1234\sqrt{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 Naturative		To Be Corrected By
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