

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

And the time to the correction of their rotation is specifical in the narrative portion of this report.							
. Establishm	ent Name		1 1 1 1 1 1 1 2	Telephone Number	Date of Inspection ID # (mm/dd/yr)		
DI		_	Study 500HD 3	() Establishment			25-
Establishm	ent Addres	s (nu	mber and street, city, state, ZIP code)	() Owner	6-18	`H4	127
270	<u>()</u>	<u>)</u> ,	Lus momost				
Owner	3	\sim	1.4	Purpose:	Follow-up Release Date		
4	<u> </u>		M BODD	1. Routine	(Odpos)		
Owner's Ac	idress			2. Follow-up	Summary of Violations:		
المالك	/ Y Y	\searrow)	3. Complaint			
Person in C	harge	Δ.		4. Pre-Operational	C NC R		
	بالي	IJ	ryoup	5. Temporary			
Responsible	e Person's	E-ma	il .	6. НАССР	Menu Type (See back of page)		
Certified Fo	od Handle			7. Other (<i>list</i>)	1	•	4 ~
Certified F	Manan		2m LAA	11-11-	12345		
400000							
• 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		Г	'o Be Co	orrected By
				. 1		_	 .
295	15 NC Lid outstal of freien & baskets @				u	To	(mex
100	100	2 40 garage 4 15181415 & JAG 40 10000					
			april 700				
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						p.40	
							
						*	
						<u></u>	
Recoived by (name and title printed): Inspected by (name and title printed):							
1 Joseph Snow							
Received by (signature): Inspected by (signature):							
Mi Ce III Fell							
part part sto							
<i>g</i> . cc: cc:							