

## 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.

			*	-			
Establishm	ent Name		Frind Aron #1	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr)		
Establishm		ss (nu	umber and street, city, state, ZIP code)	( ) Owner	1	1.1	20
39	23	) C	1 Liver Com St	, , , , , , , , , , , , , , , , , , , ,	17/4/	29	12/
Owner		^		Purpose:	Follow-1	p Relea	se Date
Y V	<u>UNI</u>	<u>Or</u>	n Holf	1. Routine			
Owner's A	ldress	^		2. Follow-up	Summary of Violations:		
	$\overline{m}$	<u>)                                    </u>		3. Complaint		_	
Person in C	narge	R.	- LDD	4. Pre-Operational	C NC R		
Responsible	Person's	L V X E-ma	il vil	5. Temporary	Menu Type (See back of page)		
				6. HACCP			
Certified Fo	ood Handle	er	\ \ \	7. Other ( <i>list</i> )	12345		
X	MÜ	GV	N FOLD				
• CRITICAL	. ITEMS AF	Œ IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIC	)N(S) REPE	ATEL	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
			Frezer thermonder missil	Ny			
				7			
			General Clanbress Bors, con	afers unalle de	Truc		
					<del>" )</del>		
			Water leaking out Grey water	a tall			
			When learning out they warte	PC PHIVE			
					-		
		ļ					
		L					
							-
				National Control of the Control of t			
		ļ.,					
						***	
		<u> </u>				,	
						/	and the second s
Received by	(name and	'title p	printed):	Inspected by (name and title pr	rinted):	Lam	n/ Heis
Received by	(signature	):		Inspected by (signature)			7
	1/2/	/		W 1041	) <i>\//</i>	1///{/	n
cc:		In the second	сс:	// /9	cc//	+ + I	



## 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.

	er genigeelisen mid mit koon voor voor visit is.	din interessor	±	-			The Control of the Co		
Establishm	~ / .	تِومدا بَ	ed Cand	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr)				
Etablishm		ice		· '	/ /	1 ,	1 1		
392			umber and street, city, state, ZIP code)	( ) Owner	7/4/24 2		12/		
Owner				Purpose:	Follow-up	Relea	se Date		
1 /20	Jan	1	Lee	1. Routine	No				
Owner's Ad			<del>a. C</del>	2. Follow-up	Summary of Violations				
511				1	Summary of Violations:				
Person in C		*******************		3. Complaint		NG			
34N				4. Pre-Operational	c	_ NC	к		
Responsible		E mo	.11	5. Temporary	Monn Tru	(Caa has	t Castal		
Responsible	A_	E-Ina	11	6. НАССР	Menu Type (See back of page)				
NI		aniconomical de la compansión de la comp	all taken minerande soon usuum saantii kiri din taha soon aa	7. Other (list)		- 1 -	/. <u>.</u> .		
Certified Fo		er		7. Other (nor)	12_	3 <u>V</u>	_45		
フタレ	ne	- Dispussion of the Control of the C							
• CRITICAL	_ ITEMS AP	E IDF	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	AARKED "C"					
• VIOLATIO	INISI REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE N.	ADD ATIVE	'RELOWAS "R"		
	Constitution of the Consti			MINARI OF HOLAHOM AL					
Section#	C/NC	R	Narrative			To Be Co	orrected By		
			Water leaking At Hook i	rp					
				Ø					
			Soiled JAN						
		<del>                                     </del>	1801 +711		$\overline{}$				
				/ ,					
			New Backflow Prevent	W					
		$\vdash$							
		$\vdash$							
	ļ				[				
					-				
		Ī					*		
			l						
							<del></del>		
		<b>  </b>	L						
			I						
Received	(name and	title p	orinted): ,	Inspected by (name and title pr	rinted):	.aanvalii aanperiaenii liilii iliilii iliilii ilii			
	m/\	1/1	11/20	Vula Vallaca	السا	mmy	Henry		
Received by	Asionature			Inspected by (signature).		<del>/ /// '</del>	- 10		
711711 M									
1100 - M / X/ Kellen									
cc:/			cc:	1 ' 011	cd/	/			