

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.

The time mint for cor	COLIOI OI CAOII (1000)	•		
Establishment Name	n: 1 Noo 10	Telephone Number () Establishment	Date of Inspect (mm/dd/yr)	ction ID#
SOOD	SOUCE GOINE			
Establishment Addres	ss (number and street, city, state, ZIP code)	() Owner		
2/45) J. LUSCANDA	Purpose:	Follow-up	Release Date
Owner	1000	1. Routine	Tonow up	Release Date
Owner's Address	m you	Marine.	Cummonu oi	f Violations:
Owner's Address	\wedge	2. Follow-up	Summary of Violations:	
Person in Charge		3. Complaint	C	NC R
1 Change	ma LOD	4. Pre-Operational	~	NC N
Responsible Person's	F-mail	5. Temporary	Menu Type	(See back of page)
Responsible a crossi s	2	6. HACCP		
Certified Food Handle	er . A	7. Other (list)	1 2	345
Man,	in the	Vim Bun on	L	
- CDITICAL ITEMS AT	RE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "C"		
			ID IN THE MAE	DDATIVE BELOW AS "B"
	ATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN	and the same of th	
Section# C/NC	R Narrative	**************************************	1	To Be Corrected By
	No Andings at this	time.		
	1			
Received by (name and	title printed):	Inspected by (name and title p	rinted):	
Sola Pence It Valellellas				
Received by (signature		Inspected by (signature):		1/1/1/1/
The colvin by (signature	<i>,</i>	10 0	1/7	1///1091
		1/4 Vealson		
cc:	сс:	•		