

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.

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Establishment Name					Telephone Number () Establishment	Date of Ins (mm/dd/yr)	pection	ID#
Establishment Address (number and street, city, state, ZIP code)					() Owner	514/24 27		
372	Coli)	1700 9. Sum	mithel	DO JOWIEI	017	14	0-1
Pwner C					Purpose:	Follow-up Release Date		
List Clixt					1. Routine	NO HOUNS		
Owner's Address					2. Follow-up	Summary of Violations:		
Person in Charge					3. Complaint	C NC R		
Carrie (), It					4. Pre-Operational 5. Temporary		_ 110	
Responsible Person's E-mail					6. HACCP	Menu Ty	pe <i>(See baci</i>	k of page)
Court of Frankling					7. Other (list)	1. / 2	2	4 5
Certified Food Handler					Robel Crisc	12345		
• 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			To Be Co	orrected By
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