

## 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.

		are Colonya (A)X			T D C		
Establishm	ient Name	~		Telephone Number	Date of In (mm/dd/yr		ID#
1	λ' <del>λ</del>	1	LI HULLAND	( ) Establishment	]		
Establishm	ent Addre	ss (ni	umber and street, city, state, ZIP code)	( ) Owner			
ピングル	210	١,	7 17100 10				1
Owner				Purpose:	Follow-u	n Rele	ase Date
Pyner	H MI	8 1	$\Lambda \cap \Lambda$		1 0110 11 - 11	The latest	ase Date
			PLLILYT	1. Routine			
Owner's A	ddress	/	1 104 00 10 6	/2, Follow-up	Summary of Violations:		
$\Box$ / $\Box$	361	人	)/1004/ Demma	Eleben plaike			
Person in C	Charge			4. Pre-Operational	C	_ NC_	R
110	HH!	<b>i</b> 0	)   0 , 0 +		-		
Responsible	e Person's	E-ma	ail XXX	5. Temporary	Menu Type (See back of page)		
				6. HACCP		pr (See s.	57 7 8-9
A 1.5		internation		7. Other (list)		_	
Certified F	ood Handl	er		1.40 O.4	12	3	45
LU	KKK			Vimbulen			
• CRITICAL	TEMS A	RE ID	PENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	ARKED "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 C	Corrected By
			No Violations at	11 2 11	WOODEN DESCRIPTION OF THE PROPERTY OF THE PROP		
			100 1/10/10/13 at	This time.			
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Deceived L.	(name en	11110	nvinted):	Inspected by (name and title pr	intod:		
Carrie Holt Owner John Ragon It Hyllellog							
Received by (signature): Inspected by (signature):							
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