

## 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  Control Co				Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr)
Establishm	ent Addres	ss (nu	mber and street, city, state, ZIP code	( ) Owner	make on
2005 4), 15 St. Chood.					8/01/29 2/
Owner 2 Minister Production				Purpose:	Follow-up Release Date
Owner's Address ,				1. Routine 2. Follow-up	Summary of Violations:
Samo				3. Complaint	Summary of violacions.
Person in Charge				4. Pre-Operational	C NC R
Bono3 Miria Partidas				5. Temporary	
Responsible Person's E-mail				6. НАССР	Menu Type (See back of page)
Certified Food Handler				7. Other (list)	1 2 3 4 5
Marie Matida					
• 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 Corrected By
			A service of the serv		
Dogging 11	(name === 1	111	winted):	Inspeceed by (name and title p	vinted):
Received by	A	ine p		Inspected by (name and title p	John Person!
Received by (signature):  Inspected by (signature):					
Received by (name and title printed):    Cohn Pea (sont)					
cc:	WA I	V	cc:	<del></del>	/cc:
I					