

## 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.

The time mint for correction of each violation is specified in the narrative position of each		
Establishment Name Store #153	Telephone Number	Date of Inspection (mm/dd/yr)
Establishment Adiress (number and street city, state XIP code)	6776800	8/15/21/01
Moner Stores Limited	1. Routine	Following Release that:
Over Address BODOS MI	2. Follow-up	Summary of Violations:
Person in Charge	3. Complaint 4. Pre-Operational	$C \stackrel{\frown}{\nearrow} NC \stackrel{\frown}{\nearrow} R \stackrel{\frown}{\longrightarrow}$
1 CYY)	5. Temporary	Menu Type (See back of page)
Responsible Person's E-mail	6. НАССР	Menu Type (See Julius) Puges
Certified Food Handler	7. Other (list)	12345
KUNNI	Alternative	
• 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"		
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Operator Response to Inspection State Form 80047 (2-01)

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123 Fax 765-651-2419 765-651-2401 (Phone) 765-651-2419 (Fax) Grant County Health Department 401 South Adams Street Marion, IN 46953 PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS. The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on ACTION TAKEN (Please forward this form to the Grant County Health Department by Mail / Fax with 10 days) Title 1851 Name OW Establishment

Attach additional sheets as needed.