

## 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.

Establishm	and Massa	Managed Speed (ALS)		Telephone Number	Date of Insp	ection	ID#
Establishm	ent Name	~	D . 10 0 1 10	( ) Establishment	(mm/dd/yr)		
7 1		$\supset$	THE DELLES	4	1 10	) 1.4	200
Establishm	ent Addres	is (nui	umber and street, city, state, ZIP code)	( ) Owner	le18	19	8
506 W. Compling St							
Owner		$\sim$	Q	Purpose:	Follow-up Release Date		
<b>D</b>	1 th	$\mathcal{U}$	My Dlly	1. Routine	10 dry 0		
Owner's A	ddress		000	2. Follow-up	Summary of Violations:		
505	(	,	implify St.	3. Complaint			
Person in C	harge	^		4. Pre-Operational	C NC R		
45	<u>VII</u>	Ì	WYDLLY	= 5. Temporary			
Responsible	e Person's	E-ma	il 🧻 /	6. НАССР	Menu Type (See back of page)		
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Certified Fo	1 1 ^			Other (list)	12_	3	_45
boiltany Volet							
• 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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