

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 Inspo (mm/dd/yr)	ection ID#	
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Establishm	ent Addres	ss (nu	mber and street, city, state, ZIP code)	() Owner	6-186	14 27	
Owner				Purpose:	Follow-up	Release Date	
Dittime blox				1. Routine	NO	10 drus	
Owner's Address				2. Follow-up	Summary of Violations:		
50	m)	O	3. Complaint	Summary of Violations.		
Person in C	Charge		^		C -	NC R	
17	, 'FH	7 ~	1 PODY	4. Pre-Operational	C NC R		
Responsible	e Person's	A / E-ma		5. Temporary	Menu Type (See back of page)		
				6. НАССР		, JI 0,	
Certified F	ood Handle	er		Other (list)		3 4 5	
V	1 +	(A)	~ PONY	4-1	1		
Day Du							
• 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		r	To Be Corrected By	
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Received by	l (name and	title i	printed): ,	Inspected by (name and title pr	rinted):		
Mulian Malley Dem Smol							
Received by (signature): Inspected by (signature):							
Willow Maday Lew M							
cc:			cc:		cc:		
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