

## 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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Establishm Establishm	100	ss (nu	Telephone Nur  Stablis  mber and street, city, state, ZIP code)   Owner	hment	Date of In (mm/dd/yr	spection ) 0124	D#	
111047	5 15	M	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6-1301	1710		,	
Owner Purpose:  1. Routine						Follow-up Release Date		
Owner's Address 2. Follow-up					Summary of Violations:			
3. Complaint						-	_	
Person in C	Charge	7	4. Pre-Operati	onal	C NC R			
Responsible	E-ma	5. Temporary 6. HACCP		Menu Type (See back of page)				
Certified Food Handler 7. Other (list)						12345		
CONTROL HERMS AND ADDITIONED BY THE CHARLES AND MADD ATTICE CONTROL OF A DATE OF A DAT								
$\cdot$ critical items are identified in the $\lozenge$ hecklist and narrative columns marked "c" $\mathcal O$								
• 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 Co	rrected By	
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