

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	ent Name	и Г	Son Don's Limber	Telephone Number () Establishment	Date of Inspection ID # (mm/dd/yr)			
Establishm	ent Addres	26 (227)	mber and street, city, state, ZIP code)	() ()	1 10	3 ~	90	
52	5 <	"; (*"" 	Byanson St	() Owner	618	3-24	N)	
Owner	1		- Da V	Purpose:	Follow-up Release Date			
	S	70	5 Parkon	1. Routine	We Wans			
Owner,'s A	ldress	***************************************		2. Follow-up	Summary of Violations:			
D C	S	0		3. Complaint				
Person in C	harge	M	PONKOM	4. Pre-Operational	C NC_ ~ R			
Responsible	Person's	y (C E-ma		5. Temporary	Menu Type (See back of page)			
, responsible	or existing		•	6. HACCP	A			
Certified Fo	nod Handl	2) *		7. Other (list)	1 2	3	24 5	
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• 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 Co	orrected By	
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Receiped by (name and title printed): Suspected by (name and title printed):								
Ambra Parker Sensy								
Received by	Received by (signature): Inspected by (signature):							
Who will FSO O								
cc: cc: cc:								