

## 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.

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Establishm	ent Name		~ \QNN	Telephone Number  ( ) Establishment	Date of Inspe (mm/dd/yr)	ection ID#		
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Establishm LL G	ent Aldres	s (nui	mber and street, city, state, ZIP code)	1908°-8000	4120	109 31		
Owner		<u> </u>	MARION.	Purpose:	Follow-up	Release Date		
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Owner's Address				GUI	Summary of Violations:			
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Person in C	harge		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 1. Quantity of Violations:  Dentified in the Checklist and Narrative Columns Marked "C"  Ed from previous inspections are denoted in the "summary of Violations" and in the Narrative Below as "					
M	DV	m	July	5. Temporary	3.6			
Responsible	e Person's	E-mai	u <i>U</i>	6. HACCP	Menu Type	(See back of page)		
Certified Fo	ood Handle	e <b>r</b> ~		7. Other (list)	1 2	3 4 5		
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Received by (name and title printed):								
	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" ection# C/NC R Narrative To Be Corrected By  Narrative To Be Corrected By  Infected by (name and title printed):  Infected by (name and title printed):							
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