

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.

The time limi	it for corr	ection	of each violation is specified in	Tene in the second		I n . CI	4.00	ID#	
Establishmen	t Name		1		Telephone Number () Establishment	Date of Ins (mm/dd/yr)	A	10#	
AMUNIUM AUMUNIAN ~ CE								20	
Establishmen	t Address	s (num	ber and street, city, state, XIP c	(ode)	(1600wner	18/12	104	01	
0	1.51	1).	BUCKINAN	AM DEN MI	1862-2046	Follow-M	Releas	Date	
Owner	1110	Y	and Salhan	18	Purpose:	NC	10	MID	
1. Routing						Summary of Violations:			
Owner's Address 2. Follow-up							Summary of Violations.		
					3. Complaint	C NC R			
Posson in Ch	. 45 14	00./	1	4. Pre-Operational	<u> </u>				
					5. Temporary	Menu Ty	pe <i>(See bac</i>	k of page)	
Responsible Person's E-mail 6. HACCP							\/		
Contified For	ad Handle	r		0. 10 1/00	7. Other (list)	12	3	_45	
Certified Food Handler SUED 9203								,	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"									
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND MINISTER OF VIOLATIONS AND IN THE NARRATIVE BELOW AS "R" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"									
			FROM PREVIOUS INSPECTION	Narrative	Minimum of Freeze		To Be C	orrected By	
Section#	C/NC	R		Natrative					
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				2					
		-							
					O.				
Received by	(name an	d title	printed):		Inspected by (name and little	printed):	11.10	1	
			offey		AHMOUSCHULL	AACI	14 VY		
Received by	(signatur				Inspected by (signature):		25	\bigcap	
Cinnamin Coffey									
cc:	namo	V	while	cc:	VV III	cc:			
CC.			•						