

## 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 Address (numbry and street, city, state, 2HP ciple)  Owner Address  Purpose:  1. Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  Certified Food Handler  - Certified Food Handler  - Certified Food Handler  - Certified Food Handler  - Certified Food Part   Condent of the Chick List and Narrative Columns Marked or columns and in the Narrative Below as "R"  Section# CinC R  Narrative  To Be Corrected By  Received by (namp and rife printed).	Establishm	ent Name		16.10h 2 #2	Telephone Number	Date of Insp (mm/dd/yr)	ection ID#	
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