

## 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		Sitcher	Telephone Number  ( ) Establishment	Date of Inspection (mm/dd/yr)
Establishm	ent Addres	s (nu	mber and street, city, state, ZIP code)	( ) Owner	6-18-24 27
Owner Charles Swith				Purpose: 1. Routine	Follow-up Release Date
Owner's A	ddress			2. Follow-up	Summary of Violations
Person in Charge				3. Complaint 4. Pre-Operational	C NCR)
Responsible	Person's	E-ma	umuth	5. Temporary 6. HACCP	Menu Type (See back of page)
Certified Food Handler				7. Other (list)	123/_45
• 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 Corrected By
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