

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.

Establishm	ent Name		1/ 1/	Telephone Number	Date of Inspection ID # (mm/dd/yr)		
LAC)	hetchen	() Establishment	(
Establishment Address (number and street, city, state, ZIP code)				() Owner	1-11-11		
12010 10 Spenier 100					7/3/24 /		<i> </i>
Owner				Purpose:	Follow-up Release Date		
MIDD Smith				1. Routine			
Owner's Ac	ddress	_	4	2. Follow-up	Summary of Violations:		
54	m)		3. Complaint			
Person in C	harge	6	- 1 1	4. Pre-Operational	C NC R		
DC		\bigcirc	much	5. Temporary			
Responsible	e Person's	E-ma	il	6. НАССР	Menu Type (See back of page)		
		ongless remarkations		1			
Certified Fo	ood Handle	er C	1000	7. Other (list) & Park	12345		
41		1	Mu M PV	1 º 4th			
• 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 Narrative	elikelikkishin delek kerak keine mooren delik sub kuran mooren ulkand sekrelikkis istaan 1700 milit delik kish	T	o Be Co	orrected By
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