

## 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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Establishment Name  Establishment Address (number and street, city, state, ZIP code)				Telephone Number  ( ) Establishment  ( ) Owner	Date of Inspection (mm/dd/yr) ID #	
805 5 BOORDING						
SO- O. IRACK					Follow-up Release Date	
Simul Muc				1. Routine	10cccis	
Owner's Address				2. Follow-up	Summary of Violations:	
7				3. Complaint		
Person in C	Charge	a di di		4. Pre-Operational	C NC R	
00	2	4	(KOCK)			
Responsible	e Person's	E-ma	nag of estendially hazardous loads is reguroid to s if	5. Temporary	Menu Type (See back of page)	
con scheming are limited to 1 or 2 potentially Landon's forcis-				6. HACCP		
Certified Food Handler				7. Other (list)	1 2 3 4 5	
Enand. Book				151 A 10 0	133	
Dimuj Mul						
• 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	
Section#	CINC	N	Natrative		то ве соггестей ву	
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