

## 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.

to the (a) noted below identify yiolations of 410 IAC	7-24, Indiana Ketan Pood 2355		
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC The time limit for correction of each violation is specified in the narrative portion of the	nis report.	Date of Inspection	ID#
Establishment Name	Telephone Number	(mm/dd/yr)	
Clilb Knak Kithent	74 Fstablishment	6-1124	1 27 1
Establishment Address (number and street, city, state, ZIP code)	(11) Qwney 577	10 1129	
1724 S 350 C	I Qu I I	Follow-up Re	lease Date
	Purpose:	100	10 Sag P
NB Disprict Church NAZARUNT	1. Routine	Summary of Vio	lations:
N BISTACT GOODS	2. Follow-up	l l	1
Owner's Address	3. Complaint	C = NC	$_{\rm c}$ / $_{\rm R}$ $-$
Person in Charge	4. Pre-Operational	<u> </u>	
Letzon III Cura Pe	5. Temporary	Menu Type (See back of page)	
Responsible Person's E-mail	6. НАССР		1.
Acsponsine 7	7. Other (list)	1 2 _3	45
Certified Food Handler 1 2 2117			
	NS MARKED "C"		TIVE RELOW AS "R"
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE  Narrative	"SUMMARY OF VIOLATIONS"	AND IN THE NARRA	3 - Corrected Rv
	The state of the s	To	Be Corrected by
Section# C/NC R		Morp	
245 NC Spillinge At Button of Hol	THEY VECTOR		
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Thurst and the second	Inspected by (s/gna/ii)	Property.	MA DONILO
Received by (signature)	New Ky	1300	ALLAMAN ->
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cc:			
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## GRANT COUNTY HEALTH DEPARTMENT Phone 765-651-2401 Ext. 3123/3111 DATE: 6/11/24 765-651-2419 Grant County Health Department 401 S. Adams St. Marion, IN. 46953 PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS. The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on \_\_\_\_\_\_. Pass thru was cleaned and hyped down. **Action Taken:** (PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS) Name of Respondent: Transaction Title: U-Marion, IN 41093.60