

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	/	D0 000	Telephone Number	Date of Inspection (mm/dd/yr)	ID#
<u> </u>			U DUDDAY	Establishment		1n.1
Establishment Address (number and street, city, state, ZIP code)				Owner	4120124 121	
1225/ Warton (2011 313-4694 14100)						
Owner	4.	$\overline{\Omega}$		Purpose:		ase Date
Unic Poul				1. Routine	ND 10) Ways
Owner's Address				2. Follow-up	Summary of Violations:	
Damo				3. Complaint		
Person in Charge				4. Pre-Operational	CNC_	
				- 5. Temporary		
Responsible	e Person's	E-mai	il	6. HACCP	Menu Type (See ba	ick of page)
	<u> </u>		9			
Certified Fo	ood Handle	er	1 1 1	7. Other (list) 26th	123	45
A Monday Company Databy						
• 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"						
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Section#	C/NC	R	Narrative		10 Be C	Corrected By
			NIP VII AL III	^=		
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Received by (name and title printed): Inspected by (name and title printed):						
Book of the Company o						
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