

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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Establishm	ent Name	ed)	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) ID #			
Establishm	ent Addres	(nu	mber and street, city, state, ZIP code)	211 225-3219	210-	24_	27	
Owner	Sheer	ũ	elahr	Purpose: 1. Routine	Follow-up Release Date			
Owner's A	ddress			2. Follow-up	Summary of Violations:			
Person in C	Charge	111	<i>a</i>	3. Complaint 4. Pre-Operational	C NC R			
Responsible	e Person's	V C E-ma	il	5. Temporary 6. HACCP	Мепи Туре	(See bac	k of page)	
end E	- I II andl	K		6. HACCP 7. Other (<i>list</i>)		2		
Cervified Fo) \ M		2/8/29		1	3	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		I	o Be Co	orrected By	
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