

## 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		1/	Telephone Number	Date of Inspection ID #			
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Establishm	ent Addre	ss (nu	mber and street, city, state, ZIP code)	( ) Owner	L / /	, ,	$\alpha'$	
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Responsible	e Person's	E-ma	il		Menu Type (See back of page)			
				6. НАССР				
Certified Fo	ood Handl	or		7. Other (list)	1 X 2	2	4 5	
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Matter tank								
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NADDATIVE COLUMNS MARKED "C"								
• 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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