

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.

The time li	mit for coi	rection	on of each violation is specif	nea in the narrange portion of	this report.		
Establishm	ent Name Charles ddress Charge Person's	- []a }a }y	Afe' Inter and street, city, state, 2 IN JURATO MORGAM MORGAM		Telephone Number (S) Establishment Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	c <u>C</u>	7/24/27
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Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123 Fax 765-651-2419 Date: $8/7/2$	
765-651-2401 (Phone) 765-651-2419 (Fax) Grant County Health Department 401 South Adams Street Marion, IN 46953	
PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.	
The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on	X
DATE ACTION TAKEN 8/7/24 Dustwas Cleared, Cleaned, And removed immdiately.	
(Please forward this form to the Grant County Health Department by	
Mail/Fax with 10 days) Name Johitha Mongar Title Margur Establishment Swutsen Cate Address U4 N. Man St Sweetsn 74 4698	37

Attach additional sheets as needed.