

## 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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|--|------|-----|----------------|--|---|--|
| Establishment Name  Establishment Aldress (Anymber and street, city, state, ZIP code)  Owner's Address  Owner's Address  Porson in Charge  Owner's E-mail  Certified Food Hantler  Owner's Address  The state of the code of the city of t |      |     |                | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Date of Inspection (mm/dd/yr)    Follow-up   Release Date |  |
| • 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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