

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.

Establishment Na	ame —	0 0	nΛ	~1 		Telephone Number	Date of In:	
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Establishment Ac	ddress (nui	Wher and street, a	ity] state, Zi)[-	(P code)		384400	811	Det of
Owner:	(11	م ا ۸			Purpose:	Follow-u	p Release Date
COUPTION STIGHT						1. Routine		
Owner's Address	8	k	Mo:	AULLE 1	N	2. Follow-up 3. Complaint	Summar	y of Violations:
Person in Charge						4. Pre-Operational	c	NC R
OMY						5. Temporary		
Responsible Person's E-mail						6. НАССР	Menu Ty	pe (See back of page)
Certified Food Handler						7. Other (list)	12	X_345
NH								
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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