



**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 Name TNT - Graues	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 7/4/24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 508 W. Buckingham Dr.		Follow-up 1 2 3 4 5	Release Date
Owner Jammy Graues	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		
Owner's Address Same	Summary of Violations: C__ NC__ R__	Menu Type (See back of page) 1__ 2__ 3__ 4__ 5__	
Person in Charge Jammy Graues			
Responsible Person's E-mail			
Certified Food Handler Jammy Graues			

• 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	To Be Corrected By
			No Findings At this time	

Received by (name and title printed): Jammy Graues	Inspected by (name and title printed): Kyle Kelley, Jimmy Upton
Received by (signature): <i>Jammy Graues</i>	Inspected by (signature): <i>Kyle Kelley</i>
cc:	cc: