

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 392	Telephone Number ()() Establishment	Date of Inspect (mm/dd/yr)	tion	ID#
THO Self she	1 / T.	100		177
Establishment Address (number and street, city, state, ZIP code)	(614) (414) (415) (415)	17-17-	24	1 1
Owner	Purpose:	Follow-up	Releas	se Date
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Owner's Address	2. Follow-up	Summary of Violations:		
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Person in Charge	3. Complaint	C	NC_	5 B4
	4. Pre-Operational		NC <u>~</u>	- ~—
Responsible Person's E-mail	5. Temporary	Menu Type ((See bac	k of page)
* The state of the	6. НАССР		,	• 0) 1-8-7
Certified Food Handler	7. Other (list)	1, , 1	12	4 5
JAMES DEAN FOR EON 5-2029	·	1	_3	_4
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"	<u> Laurence de la companya de la comp</u>		SSCHMONOCOCCUM SING STATES The articular interior activities and all contributions in the contribution of
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI		D IN THE NAR	RATIVE	BELOW AS "R"
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At west hot holding book				
2) Brown Cardey (locks) @ drive up (window)				
3) wall At Cold, holding on west & &				
in wall below due up winder				
V & Aco pm) at Freezo				
431 NC VI lowing to include equipment of SO in				
park Sock Room -				
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	8 M-015			
324 NC Which In freezex - Iso for	Al Dundreh	1		***************************************
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