

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.

Establishme	ent Name	1	0.	Telephone Number	Date of Inspection ID # (mm/dd/yr)		
(')()	10	1	In BUITTO	() Establishment	(mm/um/yr)		
Establishme	ent Addres	s (nu	mber and street, city, state, ZIP code)	() Owner	1 4	7	
151		5	nanom Blund	() Owner	10-15	24 01	
1004 9, 11100 1 101111				D	Faller	Delege Date	
Over 1 GG 1 1 A A A				Purpose:	Follow-up	Release Date	
	MIC	1	Dantellan	1. Routine			
Owner's Ac	ldress			2. Follow-up	Summary of Violations:		
500	∞ ()					
Rerson in C	harge	_		3. Complaint		NG D	
	in it	$\overline{}$	So tillan	4. Pre-Operational	L C	NC R	
			Similary	5. Temporary	Mana Tana (Saa kaska Garaa)		
Responsible	Person's	E-ma	il	6. HACCP	Menu Type (See back of page)		
					11	1	
Certified Fo	od Handle	er		7. Other (list)	1 / 2	3 4 5	
100	a R'a		Som till Dam				
Carry Willy)							
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUI	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE BELOW AS "R"	
Section#	C/NC	R	Narrative		,	To Be Corrected By	
			*			*	
			7				
			<i>*</i>				
				5			
Received by (name and title printed): Inspected by (name and title printed):							
MARAD							
Menor (M)							
Received by (signature): Inspected by (signature):							
N)ran XII							
4000				Andria			
cc:	cc: cc:						
						8	