

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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Establishm	ent Name		ED Marquito	Telephone Number () Establishment	Date of Inspection (mm/dd/yr)		ID#
Establishm	ent Addres	es (un	mber and street, city, state, ZIV code)	() Owner	5-18	24	27
Owner		E	. Surviva	Purpose:	Follow-up	Relea	se Date
()m	01	1 1	~ (Cat o	1. Routine	NO lodays		
Owner's Ac	ddras	W		1			
Owner s Ac	dires			2. Follow-up	Summary of Violations: /		
				3. Complaint			
Person in C	harge		No. L.	4. Pre-Operational	C NC R		
	LII	es	SLOTTO	5. Temporary			
Responsible	e Person's	È-ma	il	6. HACCP	Menu Type (See back of page)		
U						1	
Certified Fo	ood Handl	er		7. Other (list)	123//_45		
2							
• 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 Co	orrected By
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Received by (name and title printed): Inspected by (name and title printed):							
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Received by (signature):							
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