

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**

oted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

Based on an The time lim	inspection ait for corr	this da	ay, the item(s) noted below identify violations of 410 IAC h of each violation is specified in the narrative portion of thi	s report.			
Establishme	nt Name	hi	istian Ministries	Telephone Number () Establishment	Date of Insp (mm/dd/yr)		D# 37
Establishme 357	7 N	- 1/	per and street, city, state, ZIP codes	295-3638			,
Owner	ARK	Chi	ristran Ministrus	Purpose:	Follow-up Release Date		
Owner's Ad	ldress	and the state of t		2. Follow-up	Summary	of Violatio	ns:
Person in C				3. Complaint 4. Pre-Operational	c NC R		
da	ren			5. Temporary	Menu Ty	pe <i>(See baci</i>	k of page)
Responsible	e Person's I	t-man		6. HACCP	\mathcal{A}		
Certified Fo	ood Handle	er	3/3//22	7. Other (list)	12	3 /	-45
• 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"							
Various Name (Name	Santa Maganite and trapportunities		Narrative			To Be Co	orrected By
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cc:	V	<u>/ W</u>	cc:	11 Mrs Charles	cc:		
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