

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				Telephone Number	Date of Inspection ID # (mm/dd/yr)
Establishment Address (number and street, city, state, AIP code)				- I	120111 19
118 & Main S				() Owner	7-8-24 27
Owner				Purpose:	Follow-up Release Date
Christes Dearnlor				1. Routine	No 10 days
Owner's Address				2. Follow-up	Summary of Violations:
Stance				3. Complaint	,
Person in Charge				4. Pre-Operational	C / NC / R
DAdie,				Î .	
Responsible Person's E-mail				= 5. Temporary	Menu Type (See back of page)
				6. HACCP	\n.
Certified Food Handler				7. Other (list)	$1 \sqrt{2} \ 3 \ 4 \ 5$
N/\ A					 1
• 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					
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