

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	Telephone Number	Date of Inspection ID #
The Kings Headown	() Establishment	(mm/dd/yr)
Establishmen Address (nymber and street, city, style, ZIR code)	-(165)	2/2/2/2/27
120150. Thatar of Jonesbord	674-1722	8/17/07/07/
Owner /	Purpose:	Follow-up Release Date
I land a land a land	1. Routine	
The SIMESTICATIONS		No 10 cuyo
Owner's Address	2. Follow-up	Summary of Violations:
DIVIO	3. Complaint	
Person in Charge	4. Pre-Operational	CNCR
radio III as	5. Temporary	
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)
		V
Certified Food Handler	7. Other (list)	1234_5
LAUTU ARUS 711312021		,
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMN	NS MARKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"		
	SUMMART OF VIOLATIONS AN	
Section# C/NC R Narrative		To Be Corrected By
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