

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	b	f Nawberg	Telephone Number () Establishment	Date of Ins (mm/dd/yr)	pection ID#
Fotoblish-	<u> </u>		· WOW HE		111	211 197
Establishment Address (number and street, city, state, ZIP code)				() Owner	4.6.	29 91
Owner Lines				Purpose: 1. Routine	Follow-up	Release Date
Owner's Address				1 <u></u> -		
C'An A				2. Follow-up	Summary	of Violations: <i>U</i>
<u> </u>	rl	////2011-01100/e		3. Complaint		As the second
Person in C	Charge			4. Pre-Operational	င <u>ာ</u>	NCR
Responsible	e Person's	E-ma	il	■ 5. Temporary	Menu Typ	e (See back of page)
	-			6. HACCP		
Certified Fo	ood Han a l	er		7. Other (list)	1 2	3 χ 4 5
Story Hows exp 1/2026					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
			NO VIOLAGIONS			
			<u> </u>			
			<u>, </u>			
Received by (name and title printed): Inspected by (name and title printed):						
Still Hills Depo Small						
Received by (signature): Inspected by (signature):						
MUNICIONAL POLO						
ce:						