

## 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	VPL		self Shawed te.	Telephone Number  ( ) Establishment	blishment (mm/dd/yr		ID#
165	ent Addres	s (nui	upper and street, city, state, ZIP code)	( ) Owner	45	24	0/
Owner	) De	0 /	hittonburg	Purpose: 1. Routine	Follow-up Release Date		
Owner's Ac	dress	^	. 0	2. Follow-up	Summary of Violations:		
Person in C	Charge	D	. / /	3. Complaint	C - NC = R		
SIS	DL	P	( ) hittembling	4. Pre-Operational 5. Temporary			
Responsible	Person's	E-mai		6. HACCP	Menu Type (See back of page)		
Certified Fo	ood Handle	er	4 - 1 - 1 - 1	7. Other (list)	$1 \times 2$ 3 4 5		
Si	200	D	Whitespine				
• 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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