



**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.

Establishment Name <i>Three Amigos Food Service</i>		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>6-1-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3818 Shadowbrook Dr</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Jeremy Guy, Indio Guy, Curtis Taylor</i>	Owner's Address <i>Same</i>	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge <i>Jeremy Guy, Indio Guy, Curtis Taylor</i>	Responsible Person/s E-mail			
Certified Food Handler <i>Jeremy Guy</i>	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			

- 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
			<i>No violations</i>	

Received by (name and title printed): <i>Jeremy Guy</i>	Inspected by (name and title printed): <i>Deen Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FTD</i>

cc:	cc:	cc:
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