

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		9	Telephone Number	Date of In (mm/dd/yr	spection	ID#
2	CKG	to	A SUCAH	() Establishment	(IIII)	,	2
Establishment Address (number and street, cify state, ZIP code)				() Owner	11/22	1211	121
1321 LZ 455THOOF					100	109	0 1
Owner				Purpose:	Follow-u	p Relea	se Date
lim	NDA	51	Your mold	1. Routine		11/)(Valus .
Owner's A	ddress		Tell tells	2. Follow-up	Summary of Violations:		
					Summary of Violations:		
Person in C	Charge /	/		3. Complaint		NIC	D
Ma	W/			4. Pre-Operational	C NC R		K
Responsible	Person's	F.ma	il	5. Temporary	Menu Type (See back of page)		
Responsible	c i cison s	E-ma		6. HACCP	l'itenu 1,	pe (Bee out)	n of page)
Certified F	and Handl	011		7. Other (list)	1 2	3	4 5
Certified I		V 4	Kumolds	LAOTHYAIN	1	3	_43
Um		11		10/4/11/14/			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" AN	ID IN THE I	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Co	orrected By
	-	+	NID MAIN	5			
			100 11011	J			
-		\vdash		-			

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cc:			cc:	19/2 10/20/20	cc:		