

## 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.

| 7110 01110 111  |      |  | if of each violation is specified in the narrative portion of the |   |                               |                 |
|---|------|--|---|---|-------------------------------|-----------------|
| Establishm  | (    | e land delegación de la composition de | Paria   | Telephone Number  ( ) Establishment   | Date of Inspection (mm/dd/yr) | ID#             |
| Meeius Birria   |      |  |   | ) Establishment   |                               | 2.0             |
| Establishment Address (number and street, city, state, ZIP code) 9175 MCCless (   |      |  |   | ( ) Owner   | 4-21-2                        | 1 27            |
| Owner )   |      |  |   | Purpose:  | Follow-up F                   | Release Date    |
| Unk   | ,    |  |   | 1 -   |                               |                 |
| VA16120   |      |  |   | 1. Routine  | 7                             |                 |
| Owner's Address   |      |  |   | 2. Follow-up  | Summary of Violations:        |                 |
| Smi   |      |  |   | 3. Complaint  |                               |                 |
| Person in C   |      | our deriving dar korng   |   | 4. Pre-Operational  | $C \sim N$                    | C R             |
| 1/01  | UNO. |  |   | - The same of the |                               |                 |
| Responsible   |      | E-ma   |   | 5. Temporary  | Menu Type <i>(Sec</i>         | e hack of nage) |
| p   |      |  |   | 6. HACCP  |                               | \ .             |
|   |      | elisenterin en   |   | 7. Other ( <i>list</i> )  |                               | . <i>Y</i> )    |
| Certified Fe  |      | er   |   |   | 123                           | 5 <u>~~4</u> 5  |
| Vah   | enio |  | Cry 2026  |   |                               |                 |
| • 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   |   | ТоВ                           | Be Corrected By |
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|   |      |  |   | Secretary -   |                               |                 |
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| Received by (name and title printed):  Inspected by (name and title printed):   |      |  |   |   |                               |                 |
|   |      |  |   |   |                               |                 |
| Received by (signature):  Received by (signature):  Raquel S. Valerio  Lispected by (signature):  Ullu Multiplication of the signature of the |      |  |   |   |                               |                 |
| Received by (signature):  |      |  |   |   |                               |                 |
| Raquel S. Valerio New Mul   |      |  |   |   |                               |                 |
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