

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.

Establishm Establishmo	A90]	` F	MM 5634 mber and street, city, state, ZIP code)	Telephone Number (76) Establishment (67) Winner Purpose:	Date of Ins (mm/dd/yr) 7-18 Follow-up	24 27	
Owner's Ac	Mge d	pm	Ley LC	1. Routine 2. Follow-up	y of Violations:		
Person n C	Aith	E-ma	Kichmand VA	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C NC R Menu Type (See back of page) 1		
Certified Fo	ood Handle	er					
• 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	n de State (1995) en la Bartin de Carlo com la 1802 de 1804 de 1804 de 1804 de 1805 de 1805 de 1805 de 1805 de		To Be Corrected By	
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