

## 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 parrative portion of this report

the time that for correction of each violation is specified in the narrative portion of this report.								
Establishm	ent Name	'nή	H 1294	Telephone Number	Date of In (mm/dd/yr		ID#	
Establishment Address (number and street, city, state, ZIP code)					662-7809	8/8	134	31
Owner Mant Stokes. 111					Purpese: 1. Routine	Follow-up Release Date		
Owner's Address					2. Follow-up	Summary of Violations:		
Person in Charge					3. Complaint 4. Pre-Operational	$C \perp NC \bigcirc R \bigcirc$		
Responsible Person's E-mail					5. Temporary	Menu Type (See back of page)		
					6. HACCP			
Certified Fo	pd Handl	"(\ (\)	iter (200	7. Other (list)	12	3.	45	
• 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"								
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