

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.

Establishm	ent Name)D	ED Marguite	Telephone Number () Establishment	Date of In (mm/dd/yr	spection ID #
Establishm	ent Addre	ss (nu	mber and street, city, state, ZIV code)	() Owner	5-18	24 27
Owner			- Authorition	Purpose:	Follow-u	p Release Date
(Cata				1. Routine	NO	10 days
Owner's Address						
Only s Address				2. Follow-up	Summar	y of Violations: /
Dougon in C	The same			3. Complaint		
Person in C	narge	۲,	(Varto	4. Pre-Operational	C	_ NC R
	Les 1	IN		5. Temporary	M T	(6 1 1 6)
Responsible	e Ferson's	E-ma		6. HACCP	Mienu Ty	pe (See back of page)
G				7. Other (list)		. j
Certified F	ood Handl	er			12	3/1/4_5_
A CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARDATIVE COLUMNS MARKED 60"						
• 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	MIMARI OF VIOLATIONS" AN	DIN THE	To Be Corrected By
Section	CINC	IX	rarrative			To be Corrected by
		-	No violations			
			MC Violations.			
			-			
		-		***************************************		
				w.		
Received by	(name and	l title r	printed):	Inspected by (name and little p	rihted):	
Magaty Martinez Dewn Lym						
Received by (signature):						
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991	(JM			porting	100	
cc:	4		cc:		cc:	