



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.

Form with fields: Establishment Name (4th St. MANSION), Telephone Number (205 664 3755), Date of Inspection (6-28-19), ID # (27), Establishment Address (723 W 4th St. MARION), Owner (SAME), Purpose (1. Routine), Follow-up (NO), Release Date (7-2-19), Owner's Address (SAME), Person in Charge (DEBORAH GARRISON), Responsible Person's E-mail (N/A), Certified Food Handler (Mallory PENCE 155 10/10/16), Summary of Violations (C NC R), Menu Type (1 2 3 4 5).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: NO VIOLATIONS AT THIS INSPECTION

Received by (name and title printed): Deborah Garrison; Inspected by (name and title printed): K. J. ... FSD; Received by (signature): Deborah Garrison; Inspected by (signature): K. J. ... FSD