



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.

Establishment Name <b>AMC THEATRE MARION 12</b>	Telephone Number <b>765 668 8472</b> <small>Establishment</small>	Date of Inspection <b>6-24-19</b> <small>(mm/dd/yr)</small>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>713 N THEATRE DR MARION</b>		( ) Owner	
Owner <b>AMERICAN MULTI CINEMA INC</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>7-3-19</b>
Owner's Address <b>11500 ASH ST. LEAWOOD KS</b>		Summary of Violations: <b>C ___ NC ___ R ___</b>	
Person in Charge <b>SEBRINA TWICHELL</b>		Menu Type (See back of page) <b>1 / 2 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>N/A</b>			

- 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	To Be Corrected By
			<b>NO VIOLATIONS AT THIS INSPECTION</b>	

Received by (name and title printed): <b>Sabrina Twichell</b>	Inspected by (name and title printed): <b>R. Galen - F&amp;D</b>
Received by (signature): <i>Sabrina Twichell</i>	Inspected by (signature): <i>R. Galen</i>
cc:	cc: