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 Aldi Inc #18	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8-2-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2007 S. Western Blvd			
Owner Aldi Fulfillment	**Purpose:** 1. Routine 2. Follow-up 7-10-19 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 days
Owner's Address 4866 Hwy 18 Greenwood IN		**Summary of Violations:** C____ NC____ R____	
Person in Charge Brett Frazier			
Responsible Person's E-mail —		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler N/R			

- **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
			Nothing found on follow up-	
			items found one of from 7-10-19	

Received by (*name and title printed*): Brett Frazier	Inspected by (*name and title printed*): Dean Snell PS
Received by (*signature*): Brett	Inspected by (*signature*): Dean Snell PS

cc:	cc:	cc: