



**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.

<b>Establishment Name</b> <i>American Woodmark MKT c</i>	<b>Telephone Number</b> ( <i>765</i> ) Establishment	<b>Date of Inspection</b> (mm/dd/yr) <i>9-30-21</i>	<b>ID #</b> <i>27</i>
<b>Establishment Address</b> (number and street, city, state, ZIP code) <i>5300 East side Parkway Grs City</i>		<b>Owner</b> <i>AVI Food Systems</i>	<b>Purpose:</b> <u>1. Routine</u>
<b>Owner's Address</b> <i>Warsce 10 A</i>	<b>Person in Charge</b> <i>Mike Ahonen</i>	<b>Follow-up</b> <i>NO</i>	<b>Release Date</b> <i>18 days</i>
<b>Responsible Person's E-mail</b>	<b>Certified Food Handler</b> <i>N/A</i>	<b>Summary of Violations:</b> C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
		<b>Menu Type</b> (See back of page) <i>1</i> <input checked="" type="checkbox"/> <i>2</i> <input type="checkbox"/> <i>3</i> <input type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/>	

- 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
			<i>No violations @ inspection</i>	

<b>Received by</b> (name and title printed): <i>Michael Ahonen EHS mgr.</i>	<b>Inspected by</b> (name and title printed): <i>Deon Small / Scott Kikerdee</i>
<b>Received by</b> (signature): <i>[Signature]</i>	<b>Inspected by</b> (signature): <i>[Signature]</i>
<b>cc:</b>	<b>cc:</b>