



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 (ARROW TRACE Golf Club), Telephone Number (825 Establishment), Date of Inspection (6-21-21), ID # (27), Establishment Address (2500 E 550 N MARION), Owner (Jack Hart), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Person in Charge (JERRY), Certified Food Handler (Robert Ripen exp 1-2025).

- 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. Contains handwritten entry: NO VIOLATIONS NC

Received by (name and title printed): Gerald Jump; Inspected by (name and title printed): Scott H. Hewell/Den Small; Received by (signature): Gerald Jump; Inspected by (signature): Scott H. Hewell/Den Small