



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 (ARRYS #1544), Telephone Number (769 Establishment, 669 Owner-8524), Date of Inspection (3-15-21), ID # (27), Establishment Address (2010 S Western Ave Marion), Owner (Heartland Beet INC), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (1703 N College Ave Bloomington), Person in Charge (Liz), Responsible Person's E-mail, Certified Food Handler, Summary of Violations (C NC R), Menu Type (1 2X 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/N/C, R, Narrative, To Be Corrected By. Contains handwritten text 'no violations' in the Narrative column.

Received by (name and title printed): Lin Neace; Inspected by (name and title printed): Scott Kikendall
Received by (signature): [Signature]; Inspected by (signature): [Signature]

cc: [Blank]