



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 (Arnettes Treasures), Telephone Number (708 Establishment), Date of Inspection (6-19-21), ID # (27), Establishment Address (1317 S. Adams St. Marion), Owner (Laura Chris), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (P.O. Box 321 Sweetser), Person in Charge (Laura), Responsible Person's E-mail, Certified Food Handler (N/A), and Summary of Violations (C NC 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"

Table with columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'Inspection is OK' and 'OK to Sale'.

Form with fields: Received by (name and title printed): Laura Chris; Inspected by (name and title printed): DEAN SMALL FSTO; Received by (signature); Inspected by (signature); cc: fields.