



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 Art's Que, LLC.		Telephone Number (260) Establishment: 445-6812 () Owner:		Date of Inspection (mm/dd/yr) 7-3-19		ID # 27	
Establishment Address (number and street, city, state, ZIP code) 125 E. Main Street Wabash, IN 46992							
Owner James Haist		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Marion 4th		Follow-up		Release Date	
Owner's Address Same				Summary of Violations: C ___ NC ___ R ___			
Person in Charge Same							
Responsible Person's E-mail NA							
Certified Food Handler Marcy Haist				Menu Type (See back of page) 1 ___ 2 ___ 3 X 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			OK to open	

Received by (name and title printed): x James Haist Owner		Inspected by (name and title printed): R Dale Carr - FSHD	
Received by (signature): 		Inspected by (signature): 	
cc:		cc:	