



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 for Establishment Name, Telephone Number, Date of Inspection, ID #, Establishment Address, Owner, Purpose, Follow-up, Release Date, Owner's Address, Person in Charge, Responsible Person's E-mail, Certified Food Handler, and Summary of Violations.

- 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 AT THIS INSPECTION -

Received by (name and title printed): Sarah Brown
Inspected by (name and title printed): [Signature] - FSD
Received by (signature): [Signature]
Inspected by (signature): [Signature] FSD

cc: [Blank]