



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 (Cicehe K - 4702212), Telephone Number (765-468-0384), Date of Inspection (5/18/21), ID # (27), Establishment Address (1339 W 2nd St Marion), Owner (Mrs. Convenience Stores LLC), Owner's Address (P.O. Box 347 Columbus IN), Person in Charge (Brittany), Responsible Person's E-mail, Certified Food Handler, Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C NC / R), Menu Type (1 X 2 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 176, NC, Nestle Freezer w/ ice cream - ice on product, Company needs corrected Today.

Received by (name and title printed): Brittany McPherson; Inspected by (name and title printed): Dean Small PSD; Received by (signature): Brittany McPherson; Inspected by (signature): Dean Small PSD; cc: (empty)