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 College Store	**Telephone Number** 765 Establishment (677) Owner 2310	**Date of Inspection** *(mm/dd/yr)* 2-2-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 4201 S. Washington St Marion			
Owner Pioneer College Cosmos	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 303 Glenrose Ave TN	2. Follow-up	**Summary of Violations:**	
Person in Charge DIANE	3. Complaint	C— NC— R—	
Responsible Person's E-mail —	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler —	5. Temporary 6. HACCP 7. Other *(list)*	1 2 X 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at this inspection	

Received by (*name and title printed*):
DIANE WINE

Received by (*signature*):
Diane Wine

Inspected by (*name and title printed*):
Dean Small / Scott Kirkendall

Inspected by (*signature*):
Dean Small / Scott Kirkendall

cc:

cc:

cc: