



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: Colvers of Marion; Telephone Number: () Establishment; Date of Inspection: 7-16-19; ID #: 27; Establishment Address: 2307 S. Westens Ave; Owner: Remy Swan; Purpose: 3. Complaint; Follow-up: NO; Release Date: 10 days; Person in Charge: Mary Hamilton; Menu Type: 1 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: 109, C, [blank], Owner or operator shall contact local health dept if imminent health hazard exists. IE-walk in cooler going down. * Complaint confirmed - Talked w/ Remy most product moved immediately to another freezer and Heating/Air company contacted and making repairs today 7-16-19. Freezer temp was 38°F.

Received by (name and title printed): Remy Swan; Inspected by (name and title printed): Dean Reed FSD; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [blank]