



**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 CULVERS OF MARION	Telephone Number 765 573-4953	Date of Inspection (mm/dd/yr) 10/30/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2307 S. WESTERN AVE MARION		() Owner	
Owner RAYME SWAN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 11/8/19
Owner's Address PO BOX 1478 MARION IN		Summary of Violations: C___ NC___ R___	
Person in Charge RAYME SWAN		Menu Type (See back of page) 1___ 2___ 3X 4___ 5___	
Responsible Person's E-mail N/A			
Certified Food Handler RAYME SWAN EXP 4/16/2024			

- 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): RAYME SWAN	Inspected by (name and title printed): R Dale Can - FSIO
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: