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 Establishment ( ) Owner 573-4953	**Date of Inspection** (mm/dd/yr) 6-12-20	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 2307 S Western Ave			
Owner Rayme Swan	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up** NO	**Release Date** 10 days
Owner's Address PO Box 1478		**Summary of Violations:** C___ NC___ R___	
Person in Charge Margie			
Responsible Person's E-mail		**Menu Type** (See back of page) 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Rayme Swan			

- 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
	-		CDC guidelines in place / gov's order	
	-		Face mask to be worn by employees until July 4th	
	-		Reopening on Monday 6-15-20	

Received by (name and title printed): Marcia Thompson	Inspected by (name and title printed): Dean Frisch / PSA / Scott Kendall
Received by (signature): [signature]	Inspected by (signature): Dean Frisch / PSA / Scott Kendall

cc:	cc:	cc: