



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 (Dal-Forno), Telephone Number (765-649-4765), Date of Inspection (9/27/19), ID # (27), Establishment Address (2840 S. Madison Ave St. Anderson, IN 46013), Owner (Michael McCurry), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) James Dean), Follow-up/Release Date, Summary of Violations (C \_\_ NC \_\_ R \_\_), Menu Type (1 \_\_ 2 \_\_ 3 \_\_ 4 \_\_ 5 \_\_), Responsible Person's E-mail (michaelmccurry@yahoo.com), Certified Food Handler (Michale McCurry).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations at this time'.

Signature fields: Received by (name and title printed): Michael McCurry; Inspected by (name and title printed): Kyle Kellogg; Received by (signature); Inspected by (signature); cc: fields.