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 Dal-forna	**Telephone Number** (765-649-4765) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/25/20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 251 W. 37th Street Anderson, IN 46013			
Owner Michael McCurry	**Purpose:** 1. Routine	**Follow-up** N/A	**Release Date** N/A
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Michael McCurry	3. Complaint 4. Pre-Operational	C___ NC___ R___	
Responsible Person's E-mail michaelpmccurry@yahoo.com	5. Temporary 6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Michale McCurry	7. Other (*list*) ~~James Dean~~	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"

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

Received by (*name and title printed*): Michael McCurry	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: