



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 (Dev's Deep Fried Madness), Telephone Number (765-614-5467), Date of Inspection (9-28-18), ID # (27), Owner (Mark & Shannon Talmage), Purpose (River Rally), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5).

Mark Talmage
• 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. Contains handwritten note 'OK to open'.

Received by (name and title printed): MARK TALMAGE
Inspected by (name and title printed): [Signature] FSD
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: [Blank]