

## 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 parrative portion of this report.

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Establishm	ent Name	_	0 1	Telephone Number	Date of Inspection (mm/dd/yr)
1) Ra	Les	to	st Lave 1000s	765 Establishment	(mm/awyr)
Establishment Address (number and street city state TIP code)					
204 N WasHINGton St Swayzee 922-7937 11-1-21 0					
				Purpose:	Follow-up Release Date
Robert & James Mancit				1. Routine	In lodars
Owner's Address				2. Follow-up	Summary of Violations:
68	17.	M	700 N SHORPSUILL	3. Complaint	
Person in Charge				4. Pre-Operational	CNCR
- JUILE				5. Temporary	
Responsible Person's E-mail				6. HACCP	Menu Type (See back of page)
				7. Other ( <i>list</i> )	16
Certified Food Handler				7. Other (nst)	12345
Heathen Zirkle Exp 8-2022					
• 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 1) colations		
			100 01014110205		
				*	
			, t		
				- i	
1					
Received by (name and title printed):  Inspected by (name and title printed):					
Dookt Killen Joll L. Necon Sund					
Received by (signature):  Inspected by (signature):					
Death to be added the Day (I) Repl					
cc:   cc:   cc:					