

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.

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Establishme	nt Name		: /	Telephone Number	Date of Ins (mm/dd/yr)		
El Rincong to				(SEstablishment	(mm/uwyr)		
Establishment Address (number and street, city, state, ZIP code)				() Owner	Z 1	~ 100	
33,				573-5064	100x	12/1/1	
(77 =) (Nashington St Marion	Purpose;	Follow-up	Release Date	
Owner Co. O. J. L. O. C. L. C.				, ,		10 Cays	
ROGETTO TENC				(. Routine	10	1 (000)	
Owner's Address				2. Follow-up	Summary	of Violations:	
, T	500	人	J Washington Madun	3. Complaint	~	1 1	
Person in Č	harge 👩			4. Pre-Operational	G-A	NCTR	
LIA ELO				_	l de		
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)		
				6. НАССР		A	
Certified Fo	nod Handle	1'	/ ^	7. Other (<i>list</i>)	1 2	$3 \times 4 = 5$	
Certifica re		<u>`</u>	NORA NO JOR 10-2025				
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							
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Received by (name and title printed): Inspected by (name and title printed):							
Received by (signature):							
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cc:			cc:	XXX LLX Y LY L	cc:		