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 Family Video #230	**Telephone Number** (765) 651-0310 Establishment ( ) Owner	**Date of Inspection** (mm/dd/yr) 5/23/19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1325 W 4th St. Marion			
Owner Family Video (FVMC	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 6-2-19
Owner's Address 1022 E Adams St. Springfield		**Summary of Violations:** C___ NC1___ R___	
Person in Charge Aaron Duboris			
Responsible Person's E-mail N/A		**Menu Type** (*See back of page*) 1 X 2___ 3___ 4___ 5___	
Certified Food Handler N/A			

• 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
178	NC		THE ICE CREAM FREEZER, NEEDS DEFROSTED, ICE IS COMING IN CONTACT WITH ICE CREAM	TODAY

Received by (*name and title printed*): x Aaron Duboris	Inspected by (*name and title printed*): [signature] - FSIO
Received by (*signature*): x [signature]	Inspected by (*signature*): [signature] - FSIO
cc:	cc:
	cc: