# 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** Flannery Real House | **Telephone Number** (765) Establishment 662 Owner 0701 | **Date of Inspection** (mm/dd/yr) 2-10-20 | **ID #** 27 |
| **Establishment Address** (number and street, city, state, ZIP code) 101 S. Washington St Marion | | | |
| **Owner** Family Services Society | **Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | **Follow-up** NO | **Release Date** 10 days |
| **Owner's Address** Same | | **Summary of Violations:** C — NC — R — | |
| **Person in Charge** Avriel Mullett | | | |
| **Responsible Person's E-mail** N/A | | **Menu Type** (See back of page) 1 2 X 3 4 5 | |
| **Certified Food Handler** N/P | | | |

• 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 inspection — | |

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|---|---|
| Received by (name and title printed): x Avriel Mullett Case Manager | Inspected by (name and title printed): Dean Small FSTO Dale Clark FSTO |
| Received by (signature): x [signature] | Inspected by (signature): Dean Small FSTO [signature] FSTO |
| cc: | cc: | cc: |