



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 <i>Fourth St Mansion Inc</i>	Telephone Number <i>(765) 375-3155</i> Establishment Owner	Date of Inspection <i>6-4-21</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>723 W 4th St Marion</i>	Owner <i>Samus</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Samus</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C - - NC - - R - -</i>	
Person in Charge <i>Debbie Garrison</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail 	Certified Food Handler <i>Shane Laubach</i>		

- 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
			<i>No violations on this inspection</i>	

Received by (name and title printed): <i>Debbie Garrison</i>	Inspected by (name and title printed): <i>Dean Surr / Supt Kitchen</i>
Received by (signature): <i>Debbie Garrison</i>	Inspected by (signature): <i>Dean Surr</i>
cc:	cc: