



# 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>Grant County Sheriffs Dept</i>	Telephone Number <i>(765) Establishment 1443</i> <i>(765) Office 1443</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>3-10-20</i>	ID # <i>27</i>
Establishment Address <i>401 S. Adams St Marion</i>	Owner <i>Grant County</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>SAME</i>	Purpose: <u>1. Routine</u>	Summary of Violations:  <i>C ___ NC ___ R ___</i>	
Person in Charge <i>Rhonda Rita</i>	2. Follow-up	Menu Type (See back of page)  <i>1 ___ 2 ___ 3 ___ <u>X</u>4 ___ 5 ___</i>	
Responsible Person's E-mail <i>---</i>	3. Complaint		
Certified Food Handler <i>---</i>	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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 at this inspection-</i>	

Received by (name and title printed): <i>Rita Garriott</i>	Inspected by (name and title printed): <i>Drew Smith FSDO</i>
Received by (signature): <i>Rita Garriott</i>	Inspected by (signature): <i>Drew Smith FSDO</i>
cc:	cc: