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: H & M	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)*: 9/7/09	**ID #**:
Establishment Address *(number and street, city, state, ZIP code)*: 16101 N Wheeling AVE Gaston, IN			
Owner: Mark Hollowell	**Purpose**: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* Mattress	**Follow-up**:	**Release Date**:
Owner's Address: Mark Hollowell		**Summary of Violations**: C____ NC____ R____	
Person in Charge: 16101 N Wheeling AVE Gaston, IN		**Menu Type** *(See back of page)*: 1___ 2___ 3___ 4___ 5___	
Responsible Person's E-mail: N/A			
Certified Food Handler: Marc Hollowell / Elaina Miller			

- 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 Time	

Received by *(name and title printed)*: Marc Hollowell	Inspected by *(name and title printed)*: Kyle Kellogg
Received by *(signature)*: Marc Hollowell	Inspected by *(signature)*: Kyle Kellogg
cc:	cc:
	cc: