



**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>Hometown Express #3</i>	Telephone Number <i>765</i> Establishment <i>948-5544</i> Owner	Date of Inspection <i>10-10-19</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>216 N Main St, Fairmont</i>		Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>ARON CARDWELL</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)		
Owner's Address <i>9657 S. 100 W</i>	Summary of Violations: <i>C NC R</i>		Menu Type (See back of page) <i>1</i> 2 3 4 5
Person in Charge <i>Betty Ward</i>			
Responsible Person's E-mail			
Certified Food Handler <i>N/A</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 at this inspection -</i>	

Received by (name and title printed): <i>Betty Ward</i>	Inspected by (name and title printed): <i>Dawn Smith FSD</i>
Received by (signature): <i>Betty Ward</i>	Inspected by (signature): <i>Dawn Smith FSD</i>
cc:	cc: