



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.

Form with fields: Establishment Name (Hometown Express #3), Telephone Number (765 948 5544), Date of Inspection (2-15-19), ID # (27), Establishment Address (216 N Main St. Fairmount), Owner (Aaron Caldwell), Purpose (1. Routine), Follow-up (NO), Release Date (2-15-19), Owner's Address (SAME), Person in Charge (Betty Ward), Responsible Person's E-mail (N/A), Certified Food Handler (N/A). Summary of Violations: C NC R. Menu Type: 1 X 2 3 4 5.

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten note: * NEED TO POST '2019' FOOD LICENSE *

Received by (name and title printed): Elizabeth Ward; Inspected by (name and title printed): Khab Cur - FSD; Received by (signature): Elizabeth Ward; Inspected by (signature): Khab Cur - FSD; cc: fields.