



**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>Home town Express #3</i>	Telephone Number <i>705 Establishment</i>	Date of Inspection (mm/dd/yr) <i>10 27-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>216 N Main St. Fairmont</i>	Owner <i>948-5544</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Aaron Caldwell</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations <i>C - NC - R -</i>	
Owner's Address <i>9651 S. 100 W</i>	<input type="radio"/> 2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Betty</i>	<input type="radio"/> 3. Complaint	<i>1 X 2 3 4 5</i>	
Responsible Person's E-mail 	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <i>N/A</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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>E WARD</i>	Inspected by (name and title printed): <i>Dennis Smith / Scott K. Keiser</i>
Received by (signature): <i>E WARD</i>	Inspected by (signature): <i>Dennis Smith / Scott K. Keiser</i>
cc:	cc: