



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 header section containing fields for Establishment Name (Hulios BAR), Telephone Number, Date of Inspection (6-26-19), ID # (27), Establishment Address (3108 S. Washington St), Owner (CARROLL Love lady), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Person in Charge (Debbie Botkin), Responsible Person's E-mail (N/A), and Certified Food Handler (Matthew Grant exp 5-2024).

- 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 4 columns: Section#, C/C, R, Narrative, and To Be Corrected By. Contains two entries: Section 430 (ceiling tile missing) and Section 344 (hand sink blocked).

Form footer section containing Received by (Carroll W. Love lady), Inspected by (Debbie Botkin), and signature lines for both parties.