



**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>Faul Wild Roller Rink</i>	Telephone Number <i>768</i> Establishment <i>674-7278</i> Owner	Date of Inspection (mm/dd/yr) <i>6-11-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4013 S. Mercedon St Marion</i>	Owner <i>Dorothy Trueman</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i> Release Date <i>70 days</i>
Owner's Address <i>4024 S. Mercedon St</i>	Person in Charge <i>Doug Huston</i>	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Responsible Person's E-mail	Certified Food Handler <i>Doug Huston exp Sept 2023</i>	Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	

- 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
	-		CDC guidelines in place	
	-		mask to wear until July 4th	
	-		Signage & Sanitizer available	
	-		OK to open ?	

Received by (name and title printed): <i>DOUGLAS E HUSTON</i>	Inspected by (name and title printed): <i>Dean Small (SD) Scott Kendrick</i>
Received by (signature): <i>Douglas E Huston</i>	Inspected by (signature): <i>Dean Small (SD) Scott Kendrick</i>
cc:	cc: