

## GRANT COUNTY HEALTH DEPT. FOOD DIVISION 401 SOUTH ADAMS STREET MARION, IN 46953

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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 pagrafive portion of this report.

Establishment Name  Telephone Number  Date of Inspection  ID #							I m #
Establishme	ent Name			1 (mm/c		e of Inspection ID # n/dd/yr)	
KOKOMO (				(765) Establishment 765–432–1856	1) 0	- 0	90
			nber and street, city, state, ZIP code)	( ) Owner	9-1	1-19	1
	Bucke	ye l	Kokomo, IN 46902		100	, , , ,	
Owner Ty & Rac	ahal C	noi	ahar	Purpose:	Follow-up Release Date		
		ьет	Citet	1. Routine			
Owner's Ad Same	ldress			2. Follow-up	Summary of Violations:		
				3. Complaint	attender.		
Person in C	harge			4. Pre-Operational	C NC R		
Ty & Rad				5. Temporary	M T (C)		
Responsible	Person's	E-mai	il	6. HACCP	Menu Type (See back of page)		
NA				7. Other (list)		•	
Certified Fo		er		James Dean	12_	3	45
Pam Bailey James Dean							
• 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"							
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Received by (signature):							
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