



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 (MAMA MARGIES GARDEN), Telephone Number (765-018-2386), Date of Inspection (8-2-19), ID # (27), Owner (Minerva Brasher), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list)), Follow-up, Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 2 3 4 5), Responsible Person's E-mail (mms1711@aol.com), Certified Food Handler (Minerva Brashear).

• 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 text 'OK to Re-OK' in the Narrative column.

Received by (name and title printed): Minerva M. Sanchez-Brasher
Received by (signature): Minerva M. Sanchez-Brasher
Inspected by (name and title printed): [Signature]
Inspected by (signature): [Signature]