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 MARDENS DAIRY	**Telephone Number** (765 [illegible] 6455) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7-9-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2550 W 10th St. MARION			
Owner STEPHEN L. MARDEN	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** NO	**Release Date** 7-19-19
Owner's Address SAME		**Summary of Violations:** — — — C____ NC____ R____	
Person in Charge STEPHEN L. MARDEN			
Responsible Person's E-mail N/A		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler N/A			

- 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
			NO VIOLATIONS AT THIS INSPECTION	

Received by (*name and title printed*): x Stephen MARDEN, OWNER	Inspected by (*name and title printed*): Ralph Carr - FSD
Received by (*signature*): x Stephen Marden	Inspected by (*signature*): RCarr - FSD

cc:	cc:	cc: