



## 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.

<b>Establishment Name</b> Marion Grant County Senior Center 765	<b>Telephone Number</b> Establishment ( ) Owner 662-6772	<b>Date of Inspection</b> (mm/dd/yr) 11-6-20	<b>ID #</b> 27
<b>Establishment Address</b> (number and street, city, state, ZIP code) 503 S Gallatin St		<b>Follow-up</b> NO	<b>Release Date</b> 10 days
<b>Owner</b> Same		<b>Summary of Violations:</b>  C ___ NC ___ R ___  Menu Type (See back of page) 1 ___ 2 ___ 3 <u>A</u> 4 ___ 5 ___	
<b>Owner's Address</b> Same			
<b>Person in Charge</b> Elizabeth Wright			
<b>Responsible Person's E-mail</b> _____			
<b>Certified Food Handler</b> _____			

- 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 on this inspection	

<b>Received by</b> (name and title printed): ELIZABETH A. WRIGHT	<b>Inspected by</b> (name and title printed): Scott Kikendall
<b>Received by</b> (signature): <i>Elizabeth A. Wright</i>	<b>Inspected by</b> (signature): <i>Scott Kikendall FSO</i>
<b>cc:</b>	<b>cc:</b>