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: Marion Grant County Senior Center	**Telephone Number** (765) Establishment ( ) Owner 662-6772	**Date of Inspection** (*mm/dd/yr*): 10/18/21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 503 S. Gallatin St. Marion			
Owner: Same	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: N/Z	2. Follow-up	**Summary of Violations:**	
Person in Charge: N/Z	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: Not For Profit	5. Temporary	1___ 2___ 3 X 4___ 5___	
	6. HACCP		
	7. Other (*list*) ____		

- 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	

Received by (*name and title printed*): ELIZABETH A. WRIGHT	Inspected by (*name and title printed*): Dean Small FSTS
Received by (*signature*): Elizabeth A. Wright	Inspected by (*signature*): Dean Small FSTS
cc:	cc: / cc: