

## 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.

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Establishme	ent Name	$\bigcirc$	1 415	Telephone Number  ( 7 la ) Establishment	Date of Inspection (mm/dd/yr)		
Establishme			ufer and street, city, state, ZIP code) were Macor	67429791	6-4-20 27		
Owner	Clup 17	<u>ر</u> ر	O. Can s	Purpose:  1. Routine	Follow-up Release Date    NU   W   S		
Owner's Ad	ldress	_	1/60	2. Follow-up	Summary of Violations:		
P.O.	120	<u>Ł</u>	1150	3. Complaint			_
Person in C	harge			4. Pre-Operational	C NC R		
Responsible	T Person's I	E-mai	I	5. Temporary	Menu Type (See back of page)		
				6. НАССР			
Certified Fo	ood Handle	r		7. Other ( <i>list</i> )	1 2 3 4 5		
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Super-super-sulf History deel I of Heldingston-			, Narrative	DIMMART OF VIOLATIONS AI	(D) IX IIID I		Corrected By
Section#	C/NC NC	R		Fr Soiled from	<b>^</b>		
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324	NC		Sink fruct in womens res	froom leaking A	rt	15	oney S
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Received by (name and title printed):  Inspected by (name and title printed):							
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Received by (signature):							1,
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## GRANT COUNTY MEALTH DEPARTMENT

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Phone 765-651-2401 Fax 765-651-2419	DATE: 6-9-20.
Grant County Head 401 S. Adams St. Marion, IN. 4695.  The following is a respondent Dean Small from the county of	
DATE:	Action Taken:
6-4-20	# 430 sopp dispenses re-attached to WOH
(2-4-2D	# 324 flyzet in women's restroom +ightenel
6-8-20	# 409 Ceiling tiles replaced in both
f D o o de est	ARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).  Title: Mgc,  McClure & H 15  W Faldwin Ave, Marion IN 46952.
Address: 815	N Zaldwin Ave, Marion IN 46952

Attach additional sheets as needed.