

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 parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of this report.						
Establishm	ent Name		1. 11 ()	Telephone Number	Date of In:	spection ID#
	5 18SC/			stablishment	(minutary)	'. 「\つ !
Establishment Address (number and street, dity, state, ZIP code),				1679×194444	1821	1811
Owner Odica Carana				Purpose:	Follow-u	1 1
Owner's Address-				1. Routine	NO	1000 M
Samo				2. Follow-up 3. Complaint	Summar	y of Violations:
Person in C	Charge /	ع ۱۸ د	à Ailes	4. Pre-Operational	c <u></u>	_ NC R
Responsibl	e Person's	, OF	and the second s	5. Temporary	Menu Ty	ype (See back of page)
Tresponding.	e i erson s		·	6. НАССР		Az
Certified F	ood Handle	er	1 Alos Fro 1-202h	7. Other (list)	12345	
• 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 U.olations			
	 					
-					•	
		-				
			<u> </u>			
Received by	v (name and	l title i	printed):	Inspected by (name,and title p	orinted):	
LORA AILES Scott Kikendull						
Received by (signature): Low (signature): Low (signature): Low (signature): Low (signature):						
cc:			cc:	10000000	cc:	