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: Northwood Manor	Telephone Number: (765) Establishment; ( ) Owner 662-4700	Date of Inspection (mm/dd/yr): 5.3.21	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 1590 Timberview Dr Marion	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: —	Release Date: 10 days
Owner: SNH Indy		Summary of Violations: C — NC — R —	
Owner's Address: Newton MA			
Person in Charge: ~~Erica~~ Amanda		Menu Type (See back of page): 1 2 3 X 4 5	
Responsible Person's E-mail: —			
Certified Food Handler: Erica Vosburg exp 11-2022			

- 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): Amanda Tucker	Inspected by (name and title printed): Dean Lundy PSD
Received by (signature): [signature]	Inspected by (signature): Dean Ralf PSD
cc:	cc:

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