



**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 Paco's	Telephone Number (765-603-3811) Establishment () Owner	Date of Inspection (mm/dd/yr) 6-25-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 524 W. Spencer Ave., Marion, IN 46952	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 10 days
Owner David Kraemer		Summary of Violations: C ___ NC ___ R ___	
Owner's Address Same	Person in Charge David Kraemer	Menu Type (See back of page)	
Responsible Person's E-mail dkraemi@aol.com		1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler Terika Kraemer			

- 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	
345	C		Hand sink blocked w/ items must be open & free to use	Today	
138	NC		Have Restroom for anyone cooking or preparing food	[Large vertical bracket]	

Received by (name and title printed): David Kraemer	Inspected by (name and title printed): Drew Small
Received by (signature): [Signature]	Inspected by (signature): Drew Small FSTJ
cc:	cc: