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 Pops Smck Center City Convenience	**Telephone Number** 765 673 6130
Establishment Address (number and street, city, state, ZIP code) 117 E 16th St. Marion	( ) Establishment ( ) Owner
Owner David / Jacqueline Scott	**Date of Inspection** (mm/dd/yr) 6-12-19 **ID #** 27
Owner's Address 1601 W 8th St. Marion	**Purpose:** 1. Routine
Person in Charge	2. Follow-up
Responsible Person's E-mail N/A	3. Complaint
Certified Food Handler N/A	4. Pre-Operational

Purpose:
1. Routine
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (list)

Follow-up NO **Release Date** 6-22-19

Summary of Violations:
C___ NC___ R___

Menu Type (See back of page)
1 _X_ 2___ 3___ 4___ 5___

• 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):

Received by (signature):

Inspected by (name and title printed): ~ FSTO

Inspected by (signature): FSTO

cc: cc: cc:

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