



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 RD'S	Telephone Number 765/408819	Date of Inspection (mm/dd/yr) 8/16/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1525 S. McCLURE ST MARION	() Owner	Follow-up NO	Release Date 8/16/19
Owner RONNIE DRAKE	Purpose: 1. Routine	Summary of Violations: C ___ NC ___ R ___	
Owner's Address 1312 S BOOTS MARION	2. Follow-up	Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Person in Charge RONNIE DRAKE	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler MAXY FLOURNOY EPRES 11/19	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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 VIOLATION AT THIS INSPECTION	
			* PER OWNER MAXY FLOURNOY TAKING TEST IN NOV 2019 *	
			Told 8/15/19 WSDM	

Received by (name and title printed): Ronnie Drake	Inspected by (name and title printed): Dean Smith - FSD
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: