



**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 <b>Roscos #521</b>	Telephone Number ( <b>252</b> ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>6-16-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1129 N Baldwin Ave Marion</b>	Owner <b>Variety Stores INC</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>P.O. BOX 947 NC</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C <u>  </u> NC <u>  </u> R <u>  </u></b>	
Person in Charge <b>PAT SHAFFER</b>	2. Follow-up	Menu Type (See back of page) <b>1 <u>X</u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u></b>	
Responsible Person's E-mail <b>_____</b>	3. Complaint		
Certified Food Handler <b>N/A</b>	4. Pre-Operational		
	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
			<b>No violations on this inspection</b>	

Received by (name and title printed): <b>Pat Shaffer</b>	Inspected by (name and title printed): <b>Scott K. Kendall FS 10</b>
Received by (signature): <i>Pat Shaffer</i>	Inspected by (signature): <i>Scott Kendall FS 10</i>
cc:	cc: