



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: Roses # 521, Telephone Number: (765) Establishment, Date of Inspection: 5-18-21, ID #: 27, Establishment Address: 1129 N Baldwin Ave Marion (Ind) - 4617, Owner: Variety Stores Inc, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: PO Drawer 947 NC, Person in Charge: Janice, Responsible Person's E-mail: [blank], Certified Food Handler: N/A

- 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"

Table with columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Narrative contains: NO VIOLATIONS

Received by (name and title printed): [Signature], Inspected by (name and title printed): Scott Kikendall, Received by (signature): [Signature], Inspected by (signature): Scott Kikendall, cc: [blank]