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: Ruler Foods #239	**Telephone Number** (765) Establishment ( ) Owner 662-9660	**Date of Inspection** (mm/dd/yr): 7-27-20	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 1129 N Baldwin Ave Marion			
Owner: Kroger Limited Partnership	**Purpose:** 1. Routine (circled)	**Follow-up**: NA	**Release Date**: 10 days
Owner's Address: PO Box 305103 Nashville TN	2. Follow-up	**Summary of Violations:**	
Person in Charge: Randy Thomason	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler: N/A	5. Temporary	1 X 2 3 4 5	
	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 Violations on this Inspection	

Received by (*name and title printed*): Randy Thomason

Received by (*signature*): RS

Inspected by (*name and title printed*): Scott Likendall FSIO

Inspected by (*signature*): Scott Likendall FSIO

cc: | cc: | cc: