



**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>Ruler Foods # 239</b>	Telephone Number Establishment: <b>765</b> Owner: <b>662-9660</b>	Date of Inspection (mm/dd/yr) <b>5-18-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1129 N Baldwin Ave</b>		Follow-up: <b>NO</b> Release Date: <b>10 days</b>	
Owner <b>Kroger Limited Partnership</b>		Summary of Violations:  C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner's Address <b>PO Box 305103 TN</b>			
Person in Charge <b>RYAN</b>		Menu Type (See back of page)  1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail _____			
Certified Food Handler <b>Teresa Bell Exp 8-2022</b>			

- 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</b>	

Received by (name and title printed): <b>Ryan Lane SMIT</b>	Inspected by (name and title printed): <b>Scott Kikendall</b>
Received by (signature): 	Inspected by (signature): 
cc: _____	cc: _____