



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 SV MEATS CONCESSIONS		Telephone Number 317-363-7591	Date of Inspection (mm/dd/yr) 9-6-19	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 1738 S HAWTHORN LN		() Owner			
Owner MIKE VOGEL / RYAN SCHRADES	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Matthews up town		Follow-up	Release Date	
Owner's Address SAME			Summary of Violations: C ___ NC ___ R ___		
Person in Charge			Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___		
Responsible Person's E-mail N/A					
Certified Food Handler MICHAEL VOGEL B-7-22					
<ul style="list-style-type: none"> • 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/N/C	R	Narrative		To Be Corrected By
			No Violations at this Inspection		
Received by (name and title printed): Michael Vogel			Inspected by (name and title printed): R. Gale Cam - FEID		
Received by (signature): <i>Michael R Vogel</i>			Inspected by (signature): <i>R. Gale Cam - FEID</i>		
cc:		cc:		cc:	