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 Safari DO Good	**Telephone Number** ( ) Establishment 765-981-2624 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/27/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 648 E. 700 N. -27 Lafontaine, IN 46940			
Owner Marvin Johns	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Marvin Johns	4. Pre-Operational 5. Temporary	C____ NC____ R____	
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Marvin Johns	7. Other (*list*) Fairmount	1___ 2✓ 3___ 4___ 5___	

- 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 at current inspection	

Received by (*name and title printed*): Marvin Johns	Inspected by (*name and title printed*): Hans Huber
Received by (*signature*):	Inspected by (*signature*): Hans Huber
cc:	cc:
cc:	