



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

468

**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 SAMANOS	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 8-21-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 116 Fishers IN		Follow-up: <u> </u> Release Date: <u> </u>	
Owner SAMANOS			
Owner's Address same		Summary of Violations: C <u> </u> NC <u> </u> - R <u> </u>	
Person in Charge			
Responsible Person's E-mail			
Certified Food Handler		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 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
			OK	

Received by (name and title printed): <i>[Signature]</i>	Inspected by (name and title printed): Dean Smith	
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc: