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 St Mary's Center	**Telephone Number** (765) Establishment (681) Owner 9324	**Date of Inspection** *(mm/dd/yr)* 6-18-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 901 S. Branson Marion			
Owner —	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** No	**Release Date** 10 Days
Owner's Address Same		**Summary of Violations:** C— NC— R—	
Person in Charge Teresa		**Menu Type** *(See back of page)* 1 2 3 4 5	
Responsible Person's E-mail —			
Certified Food Handler NFP			

- 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 Inspection —	

Received by (*name and title printed*): Irene Campbell

Received by (*signature*):

Inspected by (*name and title printed*): Scott Kirkendall / Dawn Small

Inspected by (*signature*): Scott Kirkendall 56 / Dawn Small FSS

cc: | cc: | cc: