

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.

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Establishment Name				Telephone Number	Date of Inspection ID #
SUE BU	GS			() Establishment 765–506–1299	(mm/dd/yr)
Establishe	ont Adduse		when and street city state 710 anda)		921115 20
Establishment Address (number and street, city, state, ZIP code)				() Owner	Varno P
105 W. N. E Street Gas City, IN 46933					E-H
Owner				Purpose:	Follow-up Release Date
Henry & Deborah Borders				1. Routine	
Owner's Address				2. Follow-up	Summary of Violations:
Same				3. Complaint	
Person in Charge					C NC R
Henry & Deborah Borders				4. Pre-Operational	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)
				6. HACCP	
NA .				7. Other (list)	1 2 - 3/4 5
Certified Food Handler				 -	12345
Debhie	- Stac	; (2)		Ducktail	
• 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"					
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Section#	C/NC	R	Narrative		To Be Corrected By
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