

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 # (mm/dd/yr)			
Swann Ban & GNI				(Ma) Establishment	0 00	, , ,	ا ر-	
Establishme	nt Address	(num	ber and street, city, state, ZIP code)	$\int (g_3 + g_0^{\text{wner}} 404)$	1-27	19 2		
- 202	5.	Wa	eshinton It.					
Owner	A to the second		1/2	Purpose:	Follow-up	Release Date		
HARRY I Dalker				1. Routine	No 10 days			
Owner's Address				2. Follow-up	Summary of Violations:			
210 11(as145T				3. Complaint	7 7			
Person in C	harge	former production	19-	4. Pre-Operational	C = NC = R			
AM	9N			5. Temporary		Name and the state of the state		
Responsible	Person's F	C-mail		6. НАССР	Menu Type <i>(See back of page)</i>			
N	112_			7. Other (<i>list</i>)				
Certified Food Handler				7. Other (181)	123/\ 45			
Annon Walkley GP 1-2020								
• 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"								
Contractive field and the second	C/NC	R	Narrative		Accessory of the second second	To Be Correct		
Section#		K	11 / 1/ 2 11 / 12 / 12 / 12	tret item (10)				
295	NC		114 1000014, 100		24	- to Inc		
		Sailed will face tood - declars Today						
	i) to st do huen							
	2) Plane for doe by Goell							
	3) greate out side on beth try ens							
~ .						/- -		
298	NC		INSICE MCKOWAND					
19/	19/ C Food inside unlkin Coolec 18/50 respidge							
1-11								
	No date marking - Chicken Nordle Musted plt							
295	295 C Red Silvencume holder Soiled upnd has							
	Chan Silven ware IN It.							
	-							
		ļ						
Received by (name and title printed): Inspected by (name and title printed):								
A a Walker Dan faell Sto								
Received by (signature): Inspected by (signature):								
11/2 /20/1 /5/3								
		"		I flor fel	cc:		*	
cc:								
1					I			