

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 parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of this report.		
Establishment Name 1 ACO BH 1	Telephone Number () Establishment	Date of Inspection (mm/dd/yr)
Establishment Address (number and street, city, state FIP code)	604° 8427	10-30-19 27
Oyner Mry Bulla neises Tale	Purpose:	Follow-up Release Date
Owner's Address	2. Follow-up	Summary of Violations:
Person in Charge	3. Complaint	/
Shirehand H Mystery	4. Pre-Operational	C NC R
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type (See back of page)
Certified Food Handler	7. Other (<i>list</i>)	1 2/1 2 4 5
MAThow Jackson exp 4-2024		12//345
• 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
295 NC The following "Non food" Contract items is soiled		
w duied food, space To does		
Now top of lids of not food		
2) black holder - holding syrup is soiled on incide (
A 80 100		
3 Blue bires At daive up holding to go times		
4) Metal RACK holds as Green prosket,5		
5) metal trable of the bottom in between fayers		
6 metal prop table Next to 3-bay sin /		
	447-941-3	
Received by (name and title printed): Inspected by (name and title printed):		
Shrante Mumas Described by (name and the filmed). Received by (name and the filmed). Received by (name and the filmed). Received by (name and the filmed).		
Received by (signature): Inspected by (signature):		
IMMIME WE SHELL FED		
cc: cc:		cc: