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 The Ark Christian Ministries	**Telephone Number** (765 Establishment (395 Owner 3638	**Date of Inspection** (*mm/dd/yr*) 9-18-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 3522 N 1000 W 27 Converse IN	**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 —		**Summary of Violations:** C — NC — R —	
Owner's Address Same			
Person in Charge Amanda Bugos		**Menu Type** (*See back of page*) 1 2 3 4 5	
Responsible Person's E-mail —			
Certified Food Handler Karen Cook 4/17 - 4/2022			

- 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 this inspections.	

Received by (*name and title printed*): Amanda Bugos

Received by (*signature*): Amanda Bugos

Inspected by (*name and title printed*): Dean Sumrall FSP

Inspected by (*signature*): Dean Sumrall FSP

cc: | cc: | cc: