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 GREEN OLIVE PUB	**Telephone Number** (765 Establishment ( ) Owner 668-8030	**Date of Inspection** *(mm/dd/yr)* 11-10-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 112 E BRADFORD ST MARION			
Owner Alan Dray	**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 11784 S 600 E LAFontaine		**Summary of Violations:** C___ NC___ R___	
Person in Charge Paula		**Menu Type** *(See back of page)* 1___ 2___ 3_X_ 4___ 5___	
Responsible Person's E-mail —			
Certified Food Handler SHeena Burdette Exp 1-2023			

- 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	

Received by (*name and title printed*): Paula Mullenix	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*): Paula Mullenix	Inspected by (*signature*): Scott Kikendall FS10
cc:	cc:
	cc: