

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 In (mm/dd/yr	spection ID #
Weel green 5 663 Establishment Address (number and street, city, state, ZIP cope)				Establishment	1 1 . /	10 77
Establishment Address (number and street, city, state, ZIP code)				Cold Princip 434	10-1	-17 6
1373 N Bookdwin Are Maron					Follow-u	p Release Date
Owner Co.				Purpose:	NIU	Release Date
Owner's Address				1. Routine		
P. 0 «	TZ	/	901 IL	2. Follow-up	Summar	y of Violations: /
Person in C		' <i>/</i>	101 20	3. Complaint		Limited D
Cork	_			4. Pre-Operational	c_	NC R
Responsible	and a second	E-mai	il	= 5. Temporary	Menu Ty	ype (See back of page)
Characteristics	Lamana		•	6. HACCP	١ ٠.	, F - (
Certified Fg	ood Handle	er		7. Other (list)	1 1 1/2	3 4 5
1071)					/	
• 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
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		-				
Received by (name and title printed): Inspected by (name and title printed):						
Ca	ry C	a F	erney	Dear Ina	LX -	1320
Received by			V	Inspected by (signature)	1/)	Pet o
house	Z.			1 1/les Kart		PSF 8
cc:		AND THE PERSON NAMED IN COLUMN	cc:	1 por on	cc:	July 25