



**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 <u>The Shack</u>		Telephone Number <u>765</u> Establishment <u>251</u> Owner <u>59006</u>	Date of Inspection (mm/dd/yr) <u>06-20-17</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>2402 So. Home Ave Marion</u>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner <u>Malissa Lautzenheiser</u>			Summary of Violations: <u>C O N C O R O</u>	
Owner's Address <u>2404 So. Home Ave, Marion</u>		Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>X 4</u> <u>5</u>	Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>X 4</u> <u>5</u>	
Person in Charge <u>Malissa Lautzenheiser</u>				
Responsible Person's E-mail <u>-</u>		<ul style="list-style-type: none"> 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" 		
Certified Food Handler <u>Malissa Lautzenheiser</u> Exp: <u>7-16-19</u>				

Section#	C/NC	R	Narrative	To Be Corrected By
			<u>no violations at this inspection</u>	

Received by (name and title printed): <u>MALISSA LAUTZENHEISER</u>	Inspected by (name and title printed): <u>Traci Little -FSHO</u>
Received by (signature): <u>Malissa Lautzenheiser</u>	Inspected by (signature): <u>Traci Little -FSHO</u>
cc:	cc: