



**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 <b>The Wellness Center</b>	Telephone Number <b>765</b> Establishment <b>(317) 445-7717</b> Owner	Date of Inspection (mm/dd/yr) <b>7-7-17</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4411 S. Adams St. Marion, IN</b>	Owner <b>Lee &amp; Lori Smith</b>	Follow-up	Release Date <b>10 days</b>
Owner's Address <b>1952 N. Lago Rd. Marion IN</b>	Person in Charge <b>Logan Knox</b>	Purpose: <b>1. Routine</b>	
Responsible Person's E-mail _____	Certified Food Handler <b>Not required per menu</b>	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	
Summary of Violations: <b>C — NC — R —</b>			
Menu Type (See back of page) <b>1 2 3 4 5</b>			

- 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
			<b>No violations at this inspection</b>	

Received by (name and title printed): <b>Logan Knox</b>	Inspected by (name and title printed): <b>Traci Little - FSD</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>

cc:	cc:	cc:
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