

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.

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Establishment Name				Telephone Number	Date of Inspe- (mm/dd/yr)	ction	ID#
LEWIS HERBS				7656687978		• '	
Establishment Address (number and street, city, state, ZIP code)				() Owner	3-8-	17	27
3401 S. WESTERN AVE. MARCON							:
Owner				Purpose:	Follow-up Release Date		
JUNE EVERLING				1. Routine	NO 3-18-17		
Owner's Address				2. Follow-up	Summary of Violations:		
280 BLUE BIRD CT. UP AND				3. Complaint			
280 BLUE BIRD CT. UP AND Person in Charge ALBAS KIRBY				4. Pre-Operational	C NC R		
ALC	2 93	K	CIRBY	5. Temporary			
Responsible	e Person's	E-mai	il		Menu Type (See back of page)		
	N	A		6. HACCP			
Certified Food Handler				7. Other (list)	1 2 3 4 5		
	M	A	per Many				
• 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							
Section#	C/NC	R	Narrative		1	o Be Co	orrected By
			30.				
	No Vio Atom AT this						
	No Violation AT this Inspection						
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Received by (name and title printed): Inspected by (name and title printed):							
1 x Havis Livin 1 Kalazano - 17570							
Received by (signature): Inspected by (signature):							
10. H. M/ Mellyn-FSFO							
			<i>y</i> ⁶⁵	· V	1		