



**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 <i>Bolen Student Center - Taylor U</i>	Telephone Number <i>(785)</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>8-21-20</i>	ID # <i>27</i>
Establishment Address <i>236 W Reade St Upland</i>	Owner <i>(998-4908)</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Creative Dining</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <i>C — NC — R —</i>	
Owner's Address <i>One Royal Pr Dr Ste #3</i>	<input type="radio"/> 2. Follow-up	Menu Type (See back of page) <i>1 2 3X 4 5</i>	
Person in Charge <i>Andrew Fisher</i>	<input type="radio"/> 3. Complaint		
Responsible Person's E-mail <i>—</i>	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <i>Nathan Hough</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 7. Other (list)		

- 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
				<i>- Chick Filet - No violations on this inspection</i>	
				<i>- Fresh Deli - No violations on this inspection</i>	
				<i>Dashi / PIZZA</i>	
				<i>No violations</i>	
				<i>- market place - no violations</i>	

Received by (name and title printed): <i>Andrew Fisher - Retail Manager</i>	Inspected by (name and title printed): <i>Scott Likendell / Dean Smiley</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: