



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 Envy Nutrition	Telephone Number 765 Establishment Gyner 573-6307	Date of Inspection (mm/dd/yr) 5-20-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3409 S Western Ave Marion	Owner Angela Stagg	Follow-up NO	Release Date 10 days
Owner's Address 3291 E 1050 S Lot 5	Purpose: Routine	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in Charge Sarah	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail	3. Complaint	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler N/A	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	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
			NO VIOLATIONS	

Received by (name and title printed): Sarah Moore	Inspected by (name and title printed): Scott Kikendall
Received by (signature): Sarah Moore	Inspected by (signature): Scott Kikendall FSE
cc:	cc: