



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.

Form with fields: Establishment Name (ENVY Nutrition), Telephone Number (260 Establishment), Date of Inspection (8-17-21), ID # (27), Establishment Address (3409 S Western Ave ste 101), Owner (Angela Staags), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (3291 E 1050 S LOTS LaFortaine), Person in Charge (ANGIE), Responsible Person's E-mail, Certified Food Handler (N/A), Summary of Violations (CL, NC, R), Menu Type (1 X 2 3 4 5)

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains two entries: 2403 NC Single Service Items stored directly on floor in storage area; 297 C Plastic shield in ice machine has a dark residue that is in direct contact with ice.

Received by (name and title printed): Angela Staags; Inspected by (name and title printed): Scott Kendall / Dean Senall; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]