



**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>Lees Deep Fried Food</i>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>8/8/21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3923 S. Wisconsin St</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>UIS</i>		
Owner <i>Dorian Lee</i>	Owner's Address <i>Spain</i>	Follow-up <i>NU</i>	Release Date <i>10/20/21</i>	Summary of Violations:  C ___ NC ___ R ___
Person in Charge <i>Dorian</i>	Responsible Person's E-mail	Menu Type (See back of page) 1 ___ 2 ___ 3 <i>/</i> 4 ___ 5 ___		
Certified Food Handler <i>Dorian Lee</i>				

- 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>OK to SAK</i>	

Received by (name and title printed): <i>Dorian Lee</i>	Inspected by (name and title printed): <i>Dorian Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: