



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 Lee's Deep Fried Foods	Telephone Number () Establishment () Owner	Date of Inspection <i>(mm/dd/yr)</i> 11/20/21	ID # 27		
Establishment Address <i>(number and street, city, state, ZIP code)</i> 3923 S. Wisconsin St. Marion, IN 46953		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Follow-up</td> <td style="width: 50%;">Release Date</td> </tr> </table>		Follow-up	Release Date
Follow-up	Release Date				
Owner Dorian Lee	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other <i>(list)</i> Marion	Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>			
Owner's Address Same		Menu Type <i>(See back of page)</i> 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___			
Person in Charge					
Responsible Person's E-mail					
Certified Food Handler Dorian Lee					

- 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 at this time	

Received by (name and title printed): Dylan Lee	Inspected by (name and title printed): Kyle Kellogg
Received by (signature): <i>Dylan Lee</i>	Inspected by (signature): <i>Kyle Kellogg</i>
cc:	cc: