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 Lori"s Grilled Tenderloins	**Telephone Number** ( ) Establishment 765-327-5763 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7-20-19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 3304 N. Mexico Rd. Peru, IN 46970			
Owner Mark Rusie	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 7-30-19
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C____ NC____ R____	
Person in Charge Mark & Lori Rusie	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail rusie4@icloud.com	6. HACCP 7. Other (*list*) ~~Brandts~~	**Menu Type** *(See back of page)* 1___2___3_X_4___5___	
Certified Food Handler Lori Rusie			

- 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
			ok to open	

Received by (*name and title printed*):

Received by (*signature*):

Inspected by (*name and title printed*): FSD

Inspected by (*signature*): FSD

cc: | cc: | cc: