



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 (Lucas Deive - The Convenience Store), Telephone Number (765 Establishment, 395-3355 Owner), Date of Inspection (11-18-19), ID # (27), Owner (Ryan & Beth Frank), Purpose (4. Pre-Operational), Follow-up (), Release Date (), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5), Person in Charge (Ryan), Responsible Person's E-mail, Certified Food Handler (Christin Becker)

- 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. Row 1: Narrative: OK to open 11/22/19

Received by (name and title printed): Ryan Frank; Inspected by (name and title printed): [Signature] - FSD; Received by (signature): [Signature]; Inspected by (signature): [Signature] - FSD; cc: []