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 Luci's Drive Thru C-Store	**Telephone Number** 765 Establishment ( ) Owner 395-3755	**Date of Inspection** *(mm/dd/yr)* 11-1-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 904 E Main St Converse	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** 10	**Release Date** 10 days
Owner Ryan Frank		**Summary of Violations:** C___ NC___ R___	
Owner's Address 9488 W 100 N 27			
Person in Charge Summer		**Menu Type** *(See back of page)* 1___ 2_X_ 3___ 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler Ryan Frank			

- 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	

Received by (*name and title printed*): Sommer, Hunt

Received by (*signature*): Sommer Hunt

Inspected by (*name and title printed*): Scott Kirkendall / Dean Small

Inspected by (*signature*): Scott Kirkendall / Dean Small FSO

cc: | cc: | cc: