



**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>Lucis Done Thru Store</i>		Telephone Number <i>918</i> Establishment <i>398</i> Owner <i>3355</i>	Date of Inspection (mm/dd/yr) <i>6-4-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>904 E MAIN ST CONVERSE</i>		Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Ryan Frank</i>		Summary of Violations: <i>C 1 NC 1 R 1</i>		
Owner's Address <i>SAME</i>				
Person in Charge <i>CHRISTIN</i>				
Responsible Person's E-mail				
Certified Food Handler <i>CHRISTIN BECKER Exp 10-2024</i>		Menu Type (See back of page) <u>1</u> <u>2</u> <input checked="" type="checkbox"/> <u>3</u> <u>4</u> <u>5</u>		

- 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	N	R	Narrative	To Be Corrected By
<i>191</i>	<i>C</i>		<i>X</i>	<i>No Date Marking on several items in mini Fridge</i>	<i>Today</i>
<i>234</i>	<i>NC</i>			<i>Scoop in Brown Sugar container laying directly on food; keep handle inserted</i>	<i>Today</i>

Received by (name and title printed): <i>Christin Becker</i>	Inspected by (name and title printed): <i>Scott K Kendall / Dawn Small</i>
Received by (signature): <i>Christin Becker</i>	Inspected by (signature): <i>Scott K Kendall / Dawn Small</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 6/9/21

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

**PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.**

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 6-4-21.

DATE:	Action Taken:
<u>6/9/21</u>	<u>Dated items correctly, expiration &amp; what item is.</u>
<u>6/9/21</u>	<u>Placed scoop outside container</u>

Name of Respondent: Christin Becker Title: Manager

Establishment Name: Luci's Carwash

Address: 904 E. Marion St. Converse, In. 46919