# 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**<br>Lucis Drive Thru Convience Store | **Telephone Number**<br>(765 Establishment<br>( 395 Owner 3355 | **Date of Inspection** *(mm/dd/yr)*<br>9-18-20 | **ID #**<br>27 |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>904 E Madison St Converse | | | |
| **Owner**<br>Ryan & Beth Frank | **Purpose:**<br>1. ~~Routine~~ | **Follow-up**<br>No | **Release Date**<br>10 days |
| **Owner's Address**<br>9488 W 100 N 27 | 2. Follow-up<br>3. Complaint | **Summary of Violations:**<br>C 1 NC — R — | |
| **Person in Charge**<br>Christin Becker ~~assist~~ | 4. Pre-Operational<br>5. Temporary | **Menu Type** *(See back of page)*<br>1 2 X 3 4 5 | |
| **Responsible Person's E-mail** | 6. HACCP<br>7. Other *(list)* | | |
| **Certified Food Handler**<br>Christin Becker issued 10/2019 | | | |

- 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 |
|---|---|---|---|---|
| 191 | C | | Items in floor cooler - No date marking. | Today |

Received by (*name and title printed*): Christin Becker

Received by (*signature*): Christin Becker

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

Inspected by (*signature*): Drew Snell FSD

cc: | cc: | cc: