



**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>Makayla's Family Restaurant</i>	Telephone Number <i>765</i> Establishment <i>948-5464</i> Owner	Date of Inspection <i>11-15-21</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>824 N Mill St Fairmount</i>	Owner <i>Tim Page</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up <i>no</i> Release Date <i>10 days</i>
Owner's Address <i>6102 S Nebraska St</i>	Person in Charge <i>Tim</i>	Summary of Violations:  <i>C ___ NC ___ R ___</i>	
Responsible Person's E-mail	Certified Food Handler <i>Rochelle Page Exp 12-2025</i>	Menu Type (See back of page) <i>1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___</i>	

- 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
			<i>NO VIOLATIONS</i>	

Received by (name and title printed): <i>Tim Page President</i>	Inspected by (name and title printed): <i>Scott Alexander/Dean Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: