



**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>Suite Living Ass. Inc</i>	Telephone Number <i>768</i> Establishment	Date of Inspection <i>8-22-19</i> (mm/dd/yr)		ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1256 N 400 W Marion</i>		Owner <i>Suite Living</i>		Follow-up <i>No</i>
Owner's Address <i>Same</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Release Date <i>10 days</i>	Summary of Violations: <i>C - NC - R -</i>	
Person in Charge <i>Vickie Warnock</i>	Responsible Person's E-mail <i></i>	Menu Type (See back of page) <i>1 2 3 / 4 5</i>		
Certified Food Handler <i>Eric watts exp 4-2020</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 at this inspection -</i>	

Received by (name and title printed): <i>Vickie Warnock</i>	Inspected by (name and title printed): <i>Dawn Ford FSD</i>
Received by (signature): <i>Vickie Warnock</i>	Inspected by (signature): <i>Dawn Ford FSD</i>
cc:	cc: