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 Suite Living Ass INC	**Telephone Number** (765) Establishment (317) Owner 384-4323	**Date of Inspection** (mm/dd/yr) 8-13-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1256 N 400 W Marion			
Owner Suite Living	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Vickie Warnock	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	C__ NC__ R__	
Responsible Person's E-mail	7. Other (*list*) _____	**Menu Type** (*See back of page*) 1__ 2__ 3X 4__ 5__	
Certified Food Handler Joseph Simone Exp 8-23			

- 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 on this Inspection	

Received by (*name and title printed*): Vickie Warnock

Received by (*signature*): Vickie Warnock

Inspected by (*name and title printed*): Scott Kilendall / Dean Sowell

Inspected by (*signature*): Scott Kilendall FS / Dean Sowell FSS

cc: | cc: | cc: