



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: The Nut Lady; Telephone Number: 765-358-3648; Date of Inspection: 9/27/19; ID #: 27; Owner: Kathy Goodman-Harding; Purpose: 1. Routine; Summary of Violations: C\_\_ NC\_\_ R\_\_; Menu Type: 1 X 2 3 4 5; Certified Food Handler: Kathy Goodman-Harding

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations at this inspection'

Received by (name and title printed): Kathy Goodman Harding; Inspected by (name and title printed): Hans Huber; Received by (signature): [Signature]; Inspected by (signature): [Signature]

cc: [Blank]