



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.

Form with fields: Establishment Name (THE NIT LADY), Telephone Number (765-499-5537), Date of Inspection (9/25/20), ID # (21), Establishment Address (19017 N. Wheeling Ave. Gaston, TN 47342), Owner (Kathy Harding), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) - River Policy), Follow-up (N/A), Release Date (N/A), Summary of Violations (C, NC, R), Person in Charge (Kathy Harding), Responsible Person's E-mail (kathyharding@gmail.com), Certified Food Handler (River Policy).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No violations at this time.

Received by (name and title printed): Inspected by (name and title printed): Kyle Kellogg
Received by (signature): Inspected by (signature): [Signature]
cc: cc: cc: