



**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 This is That	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 5-25-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 240 W North St upland		Follow-up no	Release Date 10 days
Owner Lora Mills	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Owner's Address Sqme		Menu Type (See back of page) 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Person in Charge Lora Mills			
Responsible Person's E-mail			
Certified Food Handler Lora Mills 4-2023			

- 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	

Received by (name and title printed): Lora Mills	Inspected by (name and title printed): Scott Kikendall
Received by (signature): <i>Lora Mills</i>	Inspected by (signature): <i>Scott Kikendall</i>
cc:	cc: