



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 (Kris Fried Foods #1), Telephone Number, Date of Inspection (7/4/24), ID # (27), Establishment Address (3923 S. Woodson St), Owner (Dorrian Lee), Owner's Address (Same), Person in Charge (Dorrian Lee), Responsible Person's E-mail, Certified Food Handler (Dorrian Lee), Purpose (1-7), Follow-up, Release Date, Summary of Violations (C NC R), Menu Type (1-5).

• 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. Contains handwritten entries: Freezer thermometer missing, General cleanliness floors, counters, walls, ceilings, Water leaking out Grey water tank.

Received by (name and title printed): Dorrian Lee, Inspected by (name and title printed): Kyle Kellogg, Received by (signature), Inspected by (signature), cc:



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**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

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Establishment Name <i>Lee's Fried Food</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>7/14/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3923 S Wisconsin St</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>no</i>	Release Date
Owner <i>Darion Lee</i>		Summary of Violations: C___ NC___ R___	
Owner's Address <i>same</i>		Menu Type (See back of page)	
Person in Charge <i>same</i>		1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>same</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			<i>Water leaking AT Hook up</i>	
			<i>soiled FAN</i>	
			<i>Need Backflow preventer</i>	

Received by (name and title printed): <i>Darion Lee</i>	Inspected by (name and title printed): <i>Kyle Kellogg</i> <i>Jimmy C Henry</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> <i>[Signature]</i>
cc:	cc: