



**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 <i>Sutton SO LLC</i>	Telephone Number <i>765</i> Establishment <i>614 3444</i>	Date of Inspection (mm/dd/yr) <i>7-9-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>701 E Main St</i>	Owner <i>Sangita Patel</i>	Purpose: 1. <u><b>Routine</b></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>N/A</i>
Owner's Address <i>Chapel St</i>	Person in Charge <i>D. B. Patel</i>	Summary of Violations:  <i>C _ NC <u>1</u> R _</i>	Release Date <i>10 days</i>
Responsible Person's E-mail	Certified Food Handler <i>N/A</i>	Menu Type (See back of page) 1 <u><i>1</i></u> 2 3 4 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"

Section#	C/N/C	R	Narrative	To Be Corrected By
409	NC		<i>4-5 ceiling tiles - brown color from water damage Needs replaced</i>	<i>30 days</i>

Received by (name and title printed): <i>D. B. Patel</i>	Inspected by (name and title printed): <i>Debra Smith</i>
Received by (signature):	Inspected by (signature): <i>Debra Smith</i>
cc:	cc:

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111  
Fax 765-651-2419

DATE: 7/15/24

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on \_\_\_\_\_.

Date:                      Action Taken:

7/15/24                      we buy new and replace  
409-3                      all damaged cabinet on

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Mike                      Title: Manager

Establishment Name: Station 50 LLC

Address: 701 E Main St. Gos City, IN. 46933

Attach additional sheets as needed.