

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	Telephone Number () Establishment	Date of Inspection ID # (mm/dd/yr)
Juiff Living	(Bestatinent	100
Establishment Address (number) and street, city, state, ZIP code) [256 N 400 W W CLU' 00	384-4323	7-31-24 81
Sull Living LLC	Purpose:	Follow-up Release Date
Owner's Address	2. Follow-up	Summary of Violations:
SAMO	3. Complaint	
Person in Charge	4. Pre-Operational	CNC R
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
·	6. HACCP	
Cartified Food Handley ANK (N) 2-2029	7. Other (list)	12345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M.	ADKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUM		D IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narrative	Í	To Be Corrected By
295 NC The following "Non Fond"	Contact item	
is soiled not deled ford a	vener -	
Softe of speed fair	1-110[
North Ton of Carrey		
Desde lop y layer	and the state of t	
2) white Center trible preces	sin diving	room
Received by (name and title printed):	hispocted by (name and title p)	yinted):
Tona Chuistophen	Dem A	w /
Received by (signature);	inspected by (signature):	Pack
19 C/ Tres	Mr. Lill	
CC: CC:		cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111 Fax 765-651-2419 DATE: 7-31-24
DATE:
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 $\frac{\gamma - 3(-2)}{2}$
Date: Action Taken:
7 31 141) Freeze has been Planned including
7-31-24 1) Fryer has been Cleaned, including Gurrounding areas.
2) Tuble Center Pieces removed und Boaked.
- 3 laced on daily bleuring sensure.
(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)
Name of Respondent: Levin Vlanck Title: General Munacel
Establishment Name: Suit Living
Name of Respondent: Levin Planck Title: General Munacer Establishment Name: Suite Living Address: 1256 N. 400 W. Marion, IN. 410952
Address. 1100 pt 100 pt

Attach additional sheets as needed.