



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>The Nutrition Nook</i>	Telephone Number <i>(768 Establishment) (243 owner 7902)</i>	Date of Inspection <i>(mm/dd/yr) 7-8-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>122 E Main St</i>		Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Nicolette Dabb</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: <i>C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></i>	
Owner's Address <i>Stams</i>		Menu Type (See back of page) <i>1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></i>	
Person in Charge <i>Nicolette</i>			
Responsible Person's E-mail			
Certified Food Handler <i>N/A</i>			

- 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
			<i>No violations</i>	

Received by (name and title printed): <i>Nicolette Dabb</i>	Inspected by (name and title printed): <i>Debra Smith</i>
Received by (signature): <i>Nicolette Dabb</i>	Inspected by (signature): <i>Debra Smith</i>
cc:	cc: