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 Lola's At the INN	**Telephone Number** 765 ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 2-23-23	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 3910 S. Washington St.			
Owner Jordan Thompson	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Andrea			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 X 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler Krista Brown exp 11-2027			

- 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
	—		Self door closure on bathroom	
	—		Small metal can w/ lid for ladies napkins in bathroom	
	—		Door sweep at dry stock door	

Received by (*name and title printed*): Andrea Vinluan	Inspected by (*name and title printed*): Scott Kickendell / [signature]
Received by (*signature*): Andrea Vinluan	Inspected by (*signature*): Scott Kickendell [signature]
cc:	cc:
cc:	