



**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>Lucis Drive Thru</i>	Telephone Number <i>765</i> Establishment <i>(617) <del>911-1111</del></i>	Date of Inspection (mm/dd/yr) <i>2-13-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>904 E MARION Converse</i>	Owner <i>Ryan &amp; Bath Frank</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i> Release Date <i>10 days</i>
Owner's Address <i>9488 W 100 N 27</i>	Person in Charge <i>Matthew</i>	Summary of Violations: <i>C / NC / R /</i>	
Responsible Person's E-mail _____	Certified Food Handler <i>Christina Becker exp 2024</i>	Menu Type (See back of page) <i>1 2/ 3 4 5</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>191</i>	<i>C</i>	<i>R</i>	<i>Hot dogs in plastic container not in package - no date marking</i>	<i>To 1 day</i>	
<i>297</i>	<i>NC</i>		<i>Cappuccino nozzles are soiled - may increase cleaning schedule</i>	<i>[Large bracket indicating correction period]</i>	

Received by (name and title printed): <i>Matthew Cleveland</i>	Inspected by (name and title printed): <i>Devin Small PSD</i>
Received by (signature): <i>Matthew Cleveland</i>	Inspected by (signature): <i>Devin Small PSD</i>
cc:	cc: