



TEMPORARY EVENT INSPECTION REPORT

State Form 22116 (R10 / 4-25)
SDH Form 51-0001

**Indiana Department of Health
Telephone (317) 233-1974
Fax (317) 233-9200**

Based on an Inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, 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 LEE FRIED FOODS #2	Telephone Number 7165 517-3544	Date of Inspection 8/28/25	ID Number 5
Establishment Address (number and street, city, state, and ZIP code) 3923 S. WISCONSIN ST. MARION	Establishment () _____ Owner _____		
Owner DORIAN LEE	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) monoply Jamboree	Follow-up 9/7/25	Release Date (mm/dd/yy)
Owner's Address (number and street, city, state, and ZIP code) same	Summary of Violations: P — Pf — C — R —		
Person in Charge DORIAN LEE	Menu Type (See back of page.)		
Responsible Person's E-mail N/A			
Certified Food Handler DORIAN LEE			

- PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P".
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".

Received by (name and title printed):

* Florida Leo

Inspected by (name and title printed):

Inspected by (signature): Believe us

Received by (signature):

[Handwritten signature]

Inspected by (signature):

Ballew & B

CC

CC:

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