



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 <u>Lazy Mum's</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <u>6/7/28</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP, code) <u>3707 S. Boots St</u>			
Owner <u>Jeff's Gonkosh Hahn</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Jeff's Gonkosh Hahn</u>	Follow-up	Release Date
Owner's Address <u>5000</u>	Summary of Violations: <u>P - P - R</u>		
Person in Charge <u>Jeff's Gonkosh Hahn</u>	Menu Type (See back of page)		
Responsible Person's E-mail <u></u>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Certified Food Handler <u>Jeff Hahn</u>			

- 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"

Received by (name and title printed):

Received by (Name and title)

Inspected by (name and title printed):

Received by (signature):

Received by (signature):
John Hahn

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CC:

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