



## **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>Julie's of Marion</i>	Telephone Number ( ) Establishment Owner <i>765-573-4955</i>	Date of Inspection (mm/dd/yr) <i>4/15/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>30750 Western Ave, Marion, OH</i>			
Owner <i>Rey Me Swan</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) <hr/><i></i></li></ul>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Summary of Violations:  <i>C NC R</i>		
Person in Charge <i>Mary</i>	Menu Type (See back of page)  <i>1 2 3 4 5</i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Rey Me Swan</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"

Received by (name and title printed):

Inspected by (name and title printed)

Mary Burke

Chirashihara

Received by (signature):

May Bunte

THE PRACTICAL USES OF

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cc

4