

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 Polina's #08967 | Telephone Number (765) 573-0573 | Date of Inspection (mm/dd/yr) 5-7-25 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 1129 N Baldwin Ave, Marion, IN 46783 | Owner Polina's, Inc | Follow-up NO | Release Date 10 Days |
| Owner Polina's, Inc | Purpose: 1. Routine | Summary of Violations: C PF P | |
| Owner's Address Sam | 2. Follow-up | Menu Type (See back of page) | |
| Person in Charge Danella | 3. Complaint | 1 X 2 3 4 5 | |
| Responsible Person's E-mail | 4. Pre-Operational | | |
| Certified Food Handler N/A | 5. Temporary | | |
| | 6. HACCP | | |
| | 7. Other (list) | | |

• 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"

[illegible]

Received by (name and title printed):

Danielle DeBoard

Received by (signature):

D. D. B.

Inspected by (name and title printed):

Wanda S. Coleman

Inspected by (signature):

Inspected by (Signature) [Signature] 7510

CC:

CC:

CC: