



**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>Fl. Lucy Express</i>	Telephone Number (765) Establishment (205) Owner <i>1616 N. Goldwin Ave., Miami, FL 331290</i>	Date of Inspection (mm/dd/yr) <i>8/15/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code)			
Owner <i>Luis Treto</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <hr/><i></i>	Follow-up <i>NO</i>	Release Date <i>—</i>
Owner's Address <i>Sam</i>	Summary of Violations: <i>P - PC - R</i>		
Person in Charge	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Luis Treto</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):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: