



## **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>Elevate Nutrition</i>	Telephone Number (      ) Establishment <i>585-5886</i>	Date of Inspection (mm/dd/yr) <i>6/5/25</i>	ID # <i>21</i>
Establishment Address (number and street, city, state, ZIP code) <i>107 So. Washington St., Mifflin</i>	Owner <i>Kayla Taylor</i>	Follow-up <i>NO 10 days</i>	
Owner's Address <i>Same</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i> </i>	Release Date	
Person in Charge <i>Kayla</i>	Summary of Violations: <i>P- P- R- </i>		
Responsible Person's E-mail <i> </i>	Menu Type (See back of page)		
Certified Food Handler <i> </i>	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):

Imported by *W. H. Smith*

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