

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.4, 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 Elevate Nutrition	Telephone Number () Establishment 558-5686	Date of Inspection (mm/dd/yr) 6/5/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 407 So. Washington St., Marion 558-5686	Owner Kayla Taylor	Follow-up NO	Release Date 10/5/25
Owner's Address Same	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: P PE E	
Person in Charge Kayla		Menu Type (See back of page) 1 2 X 3 4 5	
Responsible Person's E-mail _____			
Certified Food Handler			

- 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): Kayla Taylor		Inspected by (name and title printed): J. R. M. Flamm	
Received by (signature): Kayla Taylor		Inspected by (signature): J. R. M. Flamm	
cc:	cc:	cc:	