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: Envy Nutrition	Telephone Number: ( ) Establishment; ( ) Owner 765 573-6307	Date of Inspection (*mm/dd/yr*): 11/2/24	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 808 So Baldwin Ave, Marion			
Owner: Angela Staggs	Purpose: 1. Routine	Follow-up: NO	Release Date: 10 Days
Owner's Address: Same	2. Follow-up	Summary of Violations:	
Person in Charge: Brody	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational		
	5. Temporary	Menu Type (*See back of page*)	
Certified Food Handler: N/A	6. HACCP	1 X 2___ 3___ 4___ 5___	
	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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations	

Received by (*name and title printed*): Britany Archer	Inspected by (*name and title printed*): Angela R McCallum
Received by (*signature*): Britany Archer	Inspected by (*signature*): Angela R McCallum FSIC
cc:	cc:
	cc: