



**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 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 Env Nutrition	Telephone Number () 765 Establishment Owner 573-6307	Date of Inspection (mm/dd/yr) 6/3/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 808 S Baldwin Ave., Marion			
Owner Angela Stangs	Purpose: <ul style="list-style-type: none"><input checked="" type="radio"/> 1. Routine<input type="radio"/> 2. Follow-up<input type="radio"/> 3. Complaint<input type="radio"/> 4. Pre-Operational<input type="radio"/> 5. Temporary<input type="radio"/> 6. HACCP<input type="radio"/> 7. Other (list) <hr/>	Follow-up NO	Release Date 10 Days
Owner's Address 5pmly	Summary of Violations: P - PF - R -		
Person in Charge Angela	Menu Type (See back of page)		
Responsible Person's E-mail <hr/>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <hr/>			

- 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):

189 Inspected by (signature):

CC

CC

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