



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 <u>Family Deli</u> <u>25451</u> | Telephone Number (763) 208-9 | Date of Inspection <u>5-29-25</u> | ID # <u>29</u> |
| Establishment Address (number and street, city, state, ZIP code) <u>907 E Bendix St</u> | | | |
| Owner <u>Family Deli Stores, LLC</u> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>VA</u> | Follow-up <u>NO</u> | Release Date |
| Owner's Address <u>VA</u> | Summary of Violations: <u>P - P - B</u> | | |
| Person in Charge <u>Johanna A</u> | Menu Type (See back of page) | | |
| Responsible Person's E-mail <u> </u> | | | |
| Certified Food Handler <u>NIA</u> | 1 <u>✓</u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | | |

- 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):

Johanna Ayers

Inspected by (name and title printed):

Inspected by (name and init.)

Received by (signature):

Inspected by (signature)

inspected by (signature).
Dear Self PSD

18.

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