



**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>Flynn's - Cinnabon #1086</i>	Telephone Number () Establishment <i>(716) 673-0059</i>	Date of Inspection (mm/dd/yr) <i>8/1/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6333 E. State Rd 18, Marion</i>			
Owner <i>Pilot Travel Centers LLC</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <hr/>	Follow-up <i>No</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>P R E</i>		
Person in Charge <i>Triple</i>	Menu Type (See back of page) <i>1 X 2 3 4 5</i>		
Responsible Person's E-mail <hr/>			
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 (name and title printed).
Parie Perkins T668

Inspected by (name and title printed):
Deon Syms
Inspected by (signature):
Deon Syms /B

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: