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 _Flying J - Cinnabon_

Establishment Address (number and street, city, state, ZIP code) _6220 E State Rd - 18, Marion_

Owner _Pilot Travel Center LLC_

Owner's Address _Same_

Person in Charge _Paige_

Responsible Person's E-mail

Certified Food Handler _Paige Perkins_ 12/19/23

Telephone Number
( ) Establishment _763_
( ) Owner _6736059_

Purpose:
1. Routine
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (list) _____

Date of Inspection (mm/dd/yr) _2/24/25_

ID # _27_

Follow-up _NO_   **Release Date** _10 Days_

Summary of Violations:
C____ NC____ R____

Menu Type (See back of page)
1 X 2____ 3____ 4____ 5____

• 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): _Paige Perkins   TGM_

Received by (signature):

Inspected by (name and title printed):

Inspected by (signature):

cc: cc: cc:

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