



**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>Highway 22</i>		Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr) <i>4/12/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>718 E 500 S Marion</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>✓</i>	Follow-up <i>NO</i>	Release Date
Owner <i>Jeremy Jones</i>			Summary of Violations:	
Owner's Address			<i>C NC R</i>	
Person in Charge <i>Jeremy Jones</i>			Menu Type (See back of page)	
Responsible Person's E-mail			<i>1 2 X 3 4 5</i>	
Certified Food Handler <i>NA</i>				
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>				
Section#	C/NC	R	Narrative	
			<i>No Violations</i>	
			<i>S</i>	
Received by (name and title printed): <i>Jeremy Jones</i>			Inspected by (name and title printed): <i>Angela B. Hollum</i>	
Received by (signature): <i>Jeremy Jones</i>			Inspected by (signature): <i>Angela B. Hollum</i>	
cc:	cc:	cc:		