



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>I Heart Cookies</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>2842 S Western Ave (Lowers)</i>	<i>4-19-25</i> <i>27</i>		
Owner <i>Rachel Monroe</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>NC</i>	Release Date <i>-</i>
Owner's Address <i>Augie's KS</i>	Summary of Violations: <i>C NC R</i>		
Person in Charge <i>Rachel Monroe</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>_____</i>	1 <i>X</i> 2 _____ 3 _____ 4 _____ 5 _____		
Certified Food Handler <i>N/A</i>			

- 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):

John
Inspected by (signature):

cc:

CC:

CC: