



**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**

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-~~25~~, 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>Flop</i>	Telephone Number 765 Establishment (662-9498)	Date of Inspection 8-12-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3038 S Western Ave	Owner <input checked="" type="checkbox"/> Owner		
Owner's Address	Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>No</i>	Release Date
Person in Charge	Summary of Violations: <i>P - P - C - R -</i>		
Responsible Person's E-mail	Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Chloe Phillips exp 4-2030</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"			
Section#	C	C	Narrative
			<i>No violation</i>
Received by (name and title printed): <i>Chloe Phillips</i>	Received by (signature): <i>Chloe Phillips</i>	Inspected by (name and title printed): <i>Deon Sanz</i>	Inspected by (signature): <i>Deon Sanz RSO</i>
cc:	cc:	cc:	cc: