



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

**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 <b>Imagine Burgers Express</b>		Telephone Number ( 765 ) 252-2813	Date of Inspection (mm/dd/yr) <b>2-14-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>301 W. 2nd St., Marion</b>		Establishment Owner <b>Benjamin Gok</b>		
Owner <b>Benjamin Gok</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>10 Days</b>	
Owner's Address <b>Sample</b>	Summary of Violations:			
Person in Charge <b>Scott</b>	C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>			
Responsible Person's E-mail <b>scott@imagineburgers.com</b>	Menu Type (See back of page)			
Certified Food Handler <b>Scott Reeder</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
Inspection Date <b>8/2023</b>				

- 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): *[Signature]*

### Language Problems

cc:

CC:

CC: