



# 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>Imagine Burgers &amp; Sides</i>		Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr) <i>6/21/25</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>1301 W. 2nd, Marion</i>		( ) Owner			
Owner <i>Ben Cox</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Follow-up	Release Date		
Owner's Address <i>Same</i>		Summary of Violations: C___ NC___ R___			
Person in Charge <i>[Signature]</i>		Menu Type (See back of page) 1___ 2___ 3___ 4___ 5___			
Responsible Person's E-mail					
Certified Food Handler <i>Scott Reeder</i>	<i>#8/2026</i>	<i>Pro's Bull</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/NC	R	Narrative		To Be Corrected By
			<i>No violations</i>		
Received by (name and title printed): <i>Anthony DeGen owner/manager</i>			Inspected by (name and title printed): <i>Amelia Callum</i>		
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>		
cc:		cc:	cc:		