



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>Heis Fried Goods #1</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>6/17/23</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>3423 S. Washington St</i>			
Owner <i>Dorrian Yee</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>4/17/23</i>	Follow-up	Release Date
Owner's Address <i>Same</i>	Summary of Violations:		
Person in Charge <i>Dorrian Yee</i>	C <u> </u> NC <u> </u> R <u> </u>		
Responsible Person's E-mail	Menu Type (See back of page)		
Certified Food Handler <i>Dorrian Yee</i>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		

- 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):

Rylan Lee

Inspected by (name and title printed)

Unsatisfactory

Received by (signature):



~~Inspectors' signature~~

110-1000-4866

66

CCS

663



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Establishment Name <i>Yellin Deli Food #2</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>6/17/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3923 S. Wisconsin St</i>			
Owner <i>Donna Yel</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other, (list) <i>H-Hair</i>	Follow-up	Release Date
Owner's Address <i>54mp</i>	Summary of Violations: <i>C NC R</i>		
Person in Charge <i>Donna Yel</i>	Menu Type (See back of page)		
Responsible Person's E-mail			
Certified Food Handler <i>Donna Yel</i>	1 2 3 4 5		

- 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):

Hellsie Lee

Inspected by (name and title written):

Inspected by (signature):

Received by (signature):

(signature): Hollie Lee

Inspected by [signature]

1970-1971

CC:

CC

CC.