



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>Hees Fried Foods #1</i>			Telephone Number ( ) Establishment ( ) Owner		Date of Inspection (mm/dd/yr) <i>6/17/25</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>3923 S. Washington St</i>						
Owner <i>Dorian Lee</i>			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>#1 Air</i>		Follow-up	Release Date
Owner's Address <i>Same</i>					Summary of Violations:  C___ NC___ R___	
Person in Charge <i>Dorian Lee</i>					Menu Type (See back of page)  1___ 2___ 3___ 4___ 5___	
Responsible Person's E-mail						
Certified Food Handler <i>Dorian Lee</i>						
<ul style="list-style-type: none"><li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li><li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li></ul>						
Section#	C/NC	R	Narrative			To Be Corrected By
			<i>No violations</i>			
			<i>[Large squiggle]</i>			
Received by (name and title printed): <i>Dylan Lee</i>			Inspected by (name and title printed): <i>Chris R. M. Callum</i>			
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>			
cc:			cc:			cc:

