



**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>Lola's At The Inn</i>		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>3-13-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3910 S Washington St</i>				
Owner		Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>N</i>	Release Date <i>10 days</i>
Owner's Address			Summary of Violations: C ___ NC ___ R ___	
Person in Charge <i>Andrea</i>			Menu Type (See back of page)	
Responsible Person's E-mail			<i>1</i> / 2 3 4 5	
Certified Food Handler <i>Crystal Keister</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>Andrea Vinluan</i>	Inspected by (name and title printed): <i>Dawn [unclear]</i>
Received by (signature): <i>Andrea Vinluan</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: