



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 7-2.4, 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 <u>Loves Smoke House</u>		Telephone Number () Establishment	Date of Inspection (mm/dd/yr) <u>5-22-25</u>	ID # <u>27</u>	
Establishment Address (number and street, city, state, ZIP code) <u>1621 W Jefferson Ave</u>		() Owner			
Owner <u>Charles Love</u>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>1</u>	Release Date <u>10/2/25</u>	
Owner's Address <u>Same</u>			Summary of Violations: <u>P PL E</u>		
Person in Charge <u>Charles</u>			Menu Type (See back of page) <u>1 2 3X 4 5</u>		
Responsible Person's E-mail					
Certified Food Handler <u>SHANA Willis exp 6/2029</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"					
Section#	SAC	R	Narrative		To Be Corrected By
			<u>No violations</u>		
			<u>Must have throw away pans/dishes</u> <u>OR commissary</u>		
Received by (name and title printed): <u>CHARLES LOVE</u>			Inspected by (name and title printed): <u>Deann Smith</u>		
Received by (signature): <u>Charles Love</u>			Inspected by (signature): <u>Deann Smith</u>		
cc:		cc:		cc:	