



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 148669 (R2/2-95)

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.

Received by (name and title printed):

by (name and title printed):
Alexander Woodliff

Inspected by (name and title printed):

inspected by (name and title pre-
Deon Snap

Received by (signature):

d by (signature):


Inspected by (signature)

Inspected by (signature): 

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Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 2/25/25

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 2/24/28

DATE ACTION TAKEN

Plastic chutes were cleaned and sanitized, creamer drawers were cleaned and sanitized, and cold creamer machine date stickers are being applied and staff was retrained on this issue

2/25

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Kyle Calhoun Title General Manager

Establishment Love's

Address 253 Tippy Ditch DR

Attach additional sheets as needed.