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 Luci's Drive Thru	**Telephone Number** (765) Establishment (395) Owner 3355	**Date of Inspection** (*mm/dd/yr*) 1-28-22	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 901 E Main St Converse			
Owner Ryan Frank	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** No	**Release Date** 10 days
Owner's Address 9488 W 100 N 27		**Summary of Violations:** C 2 NC — R 1	
Person in Charge Sommer			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Certified Food Handler Christin Becker 11-2019			

• 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
191	C	X	No date marking on brownies individually boxed in cooler	Today
345	C		Hand sink being used as dump sink (food debris) only for washing hands	today

Received by (*name and title printed*): Sommer Hunt	Inspected by (*name and title printed*): Dean Smith
Received by (*signature*): Sommer Hunt	Inspected by (*signature*): [signature]

cc:	cc:	cc: