



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: Marion Aero Club	Telephone Number: (765) Establishment 664-2869 Owner	Date of Inspection (mm/dd/yr): 5/28/25	ID # 27
Establishment Address (number and street, city, state, ZIP code): 907 W. 3rd St., Marion			
Owner Membership Owned-Board Member	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) P PF C	Follow-up NO	Release Date 100 days
Owner's Address Same	Summary of Violations:		
Person in Charge Allen Hedge			
Responsible Person's E-mail Stephanie Miller	Menu Type (See back of page)		
Certified Food Handler Stephanie Miller	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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”

Received by (name and title printed):

Inspected by (name and title printed)

Received by (signature):

Reviewed by (signature)

66

667