



# 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>McDonald's - of Lakes</i>	Telephone Number (Establishment) <i>783-8828</i>	Date of Inspection (mm/dd/yr) <i>2/24/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>253 Jippy Ditch Rd</i>	(Owner) <i>882-0008</i>		
Owner <i>Di Michele Enterprises</i>	Purpose:  <i>1. Routine</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Some</i>	2. Follow-up	Summary of Violations:  <i>C — NC — R —</i>	
Person in Charge <i>Quintey</i>	3. Complaint		
Responsible Person's E-mail <i>Quintey.Haley</i>	4. Pre-Operational		
Certified Food Handler <i>Quintey Haley 11/15/22</i>	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1	2 <input checked="" type="checkbox"/>
	7. Other (list)	3	4
		5	

- 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):

Received by (name and title printed).  
Quitey Haley

Received by (signature):

Received by (signature):  
Quintay Haley  
cc:

Inspected by (name and title, if any)

inspected by (name and title printed) *Frank J. Holloman*

Inspected by *signature*

Inspected by (Signature): 

CC

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