



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>Neighborhood Fresh</i>	Telephone Number (Establishment Owner <i>765-6749723</i>	Date of Inspection (mm/dd/yr) <i>1-21-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1025 2 Main St., Los City</i>			
Owner <i>LMA Acquisition INC</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Some</i>	Follow-up <i>NO</i>	Release Date <i>100 days</i>
Owner's Address <i>Some</i>	Summary of Violations: <i>C - - NC - R -</i>		
Person in Charge <i>Bob Smith</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>Bob Smith</i>	ISS: 12/16/2019		

- 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”

Received by (name and title printed):

Inspected by (name and title, if any): John D. Smith

Received by (name and title printed).
Rob Smith Store Manager

inspired by (name and the person): Singer bishum

Received by (signature):

Inspected by (signature):

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