



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**

7-26 AMc

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 Paul and Seatacc Kitchen	Telephone Number () 765 Establishment 573-7001 Owner	Date of Inspection (mm/dd/yr) 5/4/25	ID # 27		
Establishment Address (number and street, city, state, ZIP code) 5030 Brandon St., Marion					
Owner Amber Parker	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 	Follow-up NO	Release Date 100 days		
Owner's Address Same	Summary of Violations: P - PF - R				
Person in Charge Amber Parker					
Responsible Person's E-mail 	Menu Type (See back of page)				
Certified Food Handler Amber Parker	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3/2022				

- 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):
Adison Weaver

Inspected by (name and title printed)

Inspected by (signature):

Received by (signature):

Received by (signature):
Adison Weaver

INSPECTED AND APPROVED.

CC:

CC

CC