



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>Sin Studio</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>8.2.25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>205 W Washington</i>			
Owner <i>Sarah Connery</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Follow-up ·	Release Date
Owner's Address	Summary of Violations: <i>P - ps - C - R</i>		
Person in Charge <i>Sarah Connery</i>	Menu Type (See back of page)		
Responsible Person's E-mail			
Certified Food Handler <i>Monica H. P. Dabbs</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input 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):

(name and title printed): Sarah K Conner

Inspected by (name and title printed):

Inspected by (name and title) *Deepti Saini*

Received by (signature):

ed by (signature):
Sarah K. Connor

Inspected by (signature):

Inspected by (signature):

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