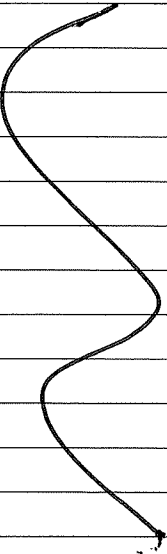


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-2.1, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Spash House	Telephone Number () 382-3759	Date of Inspection (mm/dd/yr) 5/29/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2601 S. Williams St. Marion	Owner City of Marion	Follow-up NO	Release Date 10 Days
Owner's Address Same	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: P - P - C	
Person in Charge Andy Alyssa		Menu Type (See back of page) 1 X 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler NA			

- 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"

Section#	CNC	R	Narrative	To Be Corrected By
			<p>Violations</p>  <p>Clear to open</p>	

Received by (name and title printed):		Inspected by (name and title printed):	
Andy Davis Director		Censor / HCU	
Received by (signature):		Inspected by (signature):	
cc:		cc:	