



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-~~E~~, 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>Station 50 LLC</i>	Telephone Number <i>765-6749</i>	Date of Inspection <i>7-1-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>701 E Main St.</i>			
Owner <i>Sangita Patel</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <i>_____</i>	Follow-up	Release Date
Owner's Address <i>Zionsville Inn</i>	Summary of Violations: <i>P - P# - Q -</i>		
Person in Charge <i>Mike</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>N/A</i>	1 <i>_____</i> 2 <i>_____</i> 3 <i>_____</i> 4 <i>_____</i> 5 <i>_____</i>		

- 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 printed):

Received by (signature):

Inspected by (signature):

CC:

CC

cc: