



**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-~~25~~, 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>Suite Living Ass.</i>	Telephone Number 76 Establishment <i>382-6112</i>	Date of Inspection (mm/dd/yr) <i>7-17-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1256 N 400W Marion</i>	Owner <i>Eric Walker</i>		
Owner <i>Eric Walker</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i> </i>	Follow-up <i>No</i>	Release Date
Owner's Address <i>Same</i>	Summary of Violations: <i>P - P - E - R</i>		
Person in Charge <i>Town</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i> </i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Temir Christopher</i>	10-2024		

- 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):

Trina Christopher

Received by (signature):

Received by (signature):
Travis Christopher

Inspected by (name and title printed):

Inspected by (name and title printed) *Devon Sny*

Inspected by (signature):

pected by (signature):
Debra Hall

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ccii

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