



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

**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>Side Living Associates</i>	Telephone Number <i>748-3821</i>	Date of Inspection <i>10/25</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>1256 N 400 W</i>	Owner <i>Eric Works</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Trina Christopher</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Summary of Violations:			
Person in Charge <i>Trina</i>	C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>			
Responsible Person's E-mail	Menu Type (See back of page)			
Certified Food Handler <i>Trina Christopher 10/2024</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" 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):

Received by (name and title printed).
Tricia Christopher

Inspected by (name and title printed):

Inspected by (name and title) John Smith

Received by (signature):

Received by (signature):

10-11 (1-2)

Inspected by (signature): 

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