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~~ 26, 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 Sunny Zee Dearborn Fnr	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 6-6-25	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 203 W Washington St			
Owner James	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. ~~HACCP~~ 7. Other (*list*) Neg Zee	**Follow-up** –	**Release Date** –
Owner's Address Same		**Summary of Violations:** P – ~~PC~~ – R –	
Person in Charge James			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 2 3 4 5	
Certified Food Handler James Trusty 12-2025			

- 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#	~~C/NC~~	R	Narrative	To Be Corrected By
			No violations	

Received by (*name and title printed*): James Trusty	Inspected by (*name and title printed*): Dean Snell
Received by (*signature*): Jan Trusty	Inspected by (*signature*): Dean Snell FSS
cc:	cc:
	cc: