



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, 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>The Reading Lemon</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>5-2-28</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1425 N. Walnut St.</i>			
Owner <i>Derrick's Cullen Stephenson</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>William Stephenson</i>	Follow-up	Release Date
Owner's Address <i>1316 E. 900 S. 27</i>	Summary of Violations: <i>C NC R</i>		
Person in Charge <i>Derrick's Cullen Stephenson</i>	Menu Type (See back of page)		
Responsible Person's E-mail			
Certified Food Handler <i>William Stephenson</i>	1 2 3 4 5		

• 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):
WILLIAM C STEPHENSAN

Inspected by (name and title if needed):

Inspected by (name and title printed):
Dean Smith
Inspected by (signature):
Dean Smith

Received by (signature):

Received by (signature):

Submitted by (signature)

Inspected by (signature): 

CC:

CC*

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