



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 Rauding Lemon</i>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>5-2-20</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>1425 N. Walnut St.</i>					
Owner <i>Demetrius' Cullen Stephenson</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>7</i>	Follow-up	Release Date		
Owner's Address <i>11316 E. 900 S. 27</i>		Summary of Violations: C <i>NC</i> R			
Person in Charge <i>Demetrius' Cullen Stephenson</i>		Menu Type (See back of page) 1 2 3 4 5			
Responsible Person's E-mail					
Certified Food Handler <i>William Stephenson</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"					
Section#	C/NC	R	Narrative		To Be Corrected By
			<i>No violations</i>		
Received by (name and title printed): <i>WILCIAN C STEPHENSON</i>			Inspected by (name and title printed): <i>Demetrius' Cullen Stephenson</i>		
Received by (signature): <i>W. C. Stephenson</i>			Inspected by (signature): <i>Demetrius' Cullen Stephenson</i>		
cc:		cc:		cc:	