



# 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 Nutrition Nook</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>122 E Main St. Gas City</i>	<i>4/12/25</i> <i>27</i>		
Owner <i>Monette Dabb</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <i>No</i>	Release Date <hr/>
Owner's Address <i>5916 S. Western Ave</i>	Summary of Violations: <hr/> <i>C NC R</i> <hr/>		
Person in Charge <i>Monette Dabb</i>	Menu Type (See back of page) <hr/> <i>1 ✓ 2 3 4 5</i> <hr/>		
Responsible Person's E-mail			
Certified Food Handler <i>YNA</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"

Received by (name and title printed):

*and title printed):*  
**Julie McClain**

Inspected by (name and title printed):

Received by (signature):

*ture):*  
Julie McClure

Inspected by (signature):

Inspected by (signature):  
John Pearson II

251

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