



# 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 Nutriten Nook</i>	Telephone Number 765 243-7908 ( ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>122 E 1<sup>st</sup> Main St Gas City IN 46933</i>	1/14/25 27		
Owner <i>Nicolette Dabb</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i> </i>	Follow-up <i>No</i>	Release Date <i>10 Days</i>
Owner's Address <i>5416 South Western Ave Marion, IN</i>	Summary of Violations:  <i>C — NC — R —</i>		
Person in Charge <i>Nicolette</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>coachnic123@gmail.com</i>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>N/A</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):

Received by (name and title printed):  
**Nicolette Dabb**

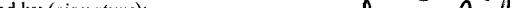
Inspected by (name and title printed):

Inspected by (name and title printed): *John Pearson II Dunham*

Received by (signature):

Received by (signature) 

Inspected by (signature):

Inspected by (signature):   
John Pearson II Newell B.  
cc:

CC:

CC

100