



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>Divested Sugar, LLC</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>4/26/25</i>	ID # <i>27</i>		
Establishment Address (number and street, city, state, ZIP code) <i>150 East Harrison Rd</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>No violations</i>				
Owner <i>Umber Reynolds</i>	Follow-up	Release Date			
Owner's Address <i>5Cmp</i>	Summary of Violations:				
Person in Charge <i>Umber Reynolds</i>	<i>C NC R</i>				
Responsible Person's E-mail	Menu Type (See back of page)				
Certified Food Handler <i>Umber Reynolds</i>	1	2	3	4	5
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>					
Section#	C/NC	R	Narrative		To Be Corrected By
			<i>No violations</i>		
Received by (name and title printed): <i>Donna Smith</i>	Inspected by (name and title printed): <i>Donna Smith</i>				
Received by (signature): <i>Donna Smith</i>	Inspected by (signature): <i>Donna Smith</i>				
cc:	cc:	cc:	cc:	cc:	cc: