



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 VFC of Grant County	Telephone Number () 785	Date of Inspection (mm/dd/yr) 5/1/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 123 Sutter Way, Marion	Owner 664-0544		
Owner VFC of Grant County	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/> 	Follow-up NO	Release Date 10 Days
Owner's Address Same	Summary of Violations: C — NC — R —		
Person in Charge Reesy	Menu Type (See back of page) 1 2 3 4 5		
Responsible Person's E-mail <hr/>			
Certified Food Handler Diana Sullivan			

- 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):

ceived by (name and title printed):
Peggy Denchak

Inspected by (name and title printed):

Received by (signature):

viewed by (signature):
Peggy A. Dier

~~Inspected by (signature)~~

cc:

CC:

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