



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>Hales Kitchen & Catering</i>		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>4/12/25</i>	ID # <i>27</i>							
Establishment Address (number and street, city, state, ZIP code) <i>4660 S 900E Upland, IN</i>											
Owner <i>Stephanie Hale</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>3/29/22 hour</i>	Follow-up <i>No</i>	Release Date _____							
Owner's Address <i>Same</i>			Summary of Violations: <i>C</i> NC <i>R</i>								
Person in Charge <i>Stephanie Hale</i>			Menu Type (See back of page) <i>1</i> <i>2</i> ☒ <i>3</i> <i>4</i> <i>5</i>								
Responsible Person's E-mail											
Certified Food Handler <i>Stephanie Hale</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>Stephanie Hale</i>						Inspected by (name and title printed): <i>John Pearson II</i>					
Received by (signature): <i>Stephanie Hale</i>						Inspected by (signature): <i>John Pearson II</i>					
cc:						cc:					