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

7-26

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: The Nutrition Nook	**Telephone Number**: ( ) Establishment 765 ( ) Owner 243 1908	**Date of Inspection** (*mm/dd/yr*): 7/1/25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 122 E. Main St., Mss City			
Owner: Nicolette Dabbs	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ____	**Follow-up**: NO	**Release Date**: 10 Days
Owner's Address: Same		**Summary of Violations:** P___ PC___ R___	
Person in Charge: Julie			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Certified Food Handler: N/A			

- 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
			No Violations	

P - Priority / Critical
PF - Priority Foundation / ASAP
C - Core / Non Critical

Received by (*name and title printed*): Julie McClain	Inspected by (*name and title printed*): Angela K. McCollum
Received by (*signature*): Julie McClain	Inspected by (*signature*): Angela K. McCollum 7/1/25
cc:	cc:
cc:	