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 (AM-)

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: Victory Lane Sweet Treats	Telephone Number: ( ) Establishment 765 ( ) Owner 506-0926	Date of Inspection (*mm/dd/yr*): 6-7-25	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 1512 E. Oak Dr., Marion			
Owner: Renae King	Purpose: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	Follow-up:	Release Date: 10 Days
Owner's Address: Same		Summary of Violations: P ~~PF~~ B	
Person in Charge: Renae			
Responsible Person's E-mail: _____		Menu Type (*See back of page*): 1 2 3 X 4 5	
Certified Food Handler: Renae King 3/13/25			

- 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	

Received by (*name and title printed*): Renae King

Received by (*signature*): Renae King

Inspected by (*name and title printed*): Angela McCallum

Inspected by (*signature*): Angela McCallum #310

cc: | cc: | cc: