



# 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 <b>Anita Lotta Dips</b>	Telephone Number <b>(260) 226-5233</b>	Date of Inspection (mm/dd/yr) <b>9/27/19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>416 S. Randolph Garrett, IN 46738</b>	( ) Owner		
Owner <b>Anita Cramer</b>	Purpose:	Follow-up	Release Date
Owner's Address <b>Same</b>	1. Routine	Summary of Violations:  <b>C__ NC__ R__</b>	
Person in Charge <b>Anita Cramer</b>	2. Follow-up		
Responsible Person's E-mail <b>N/A</b>	3. Complaint	Menu Type (See back of page)	
Certified Food Handler <b>N/A</b>	4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___	
	5. Temporary		
	6. HACCP		
	7. Other (list) <b>Ducktail</b>		

- 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
			<b>No Violations AT THIS INSPECTION</b>	

Received by (name and title printed): <b>Anita Cramer</b>	Inspected by (name and title printed): <b>R. Baker - FSID</b>
Received by (signature): <i>Anita Cramer</i>	Inspected by (signature): <i>R. Baker - FSID</i>
cc:	cc: