



**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>Ashley's Ice Cream</b>	Telephone Number <b>765</b> Establishment	Date of Inspection (mm/dd/yr) <b>5-24-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>402 S Washington Marion</b>	Owner <b>573-6133</b>	Follow-up	
Owner <b>Ashley's Lund</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Release Date	Summary of Violations:  C ___ NC ___ R ___
Owner's Address <b>4640 N Brooke Dr</b>	Person in Charge <b>Ashley</b>	Menu Type (See back of page) <b>1 X 2 3 4 5</b>	
Responsible Person's E-mail		Certified Food Handler <b>AH Ashley Exp 4-2025</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>OK TO OPEN 5-29-21</b>	
			<b>12-6 TUE Book and License</b>	

Received by (name and title printed): <b>Ashley E Harold</b>	Inspected by (name and title printed): <b>Scott Hubbard</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: