



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.

Form with fields: Establishment Name (Cap'n Frosty), Telephone Number, Date of Inspection (9-24-21), ID # (27), Establishment Address (43245 Webster Road Wellington, OH 44090), Owner (Joshua Ford), Purpose (1. Routine), Follow-up (no), Release Date (10 days), Summary of Violations (C 1 NC 1 R), Menu Type (1 X 2 3 4 5), Certified Food Handler (Joshua Ford).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten entries: C Sanitizer made up at all times when open; NC Need new scoop for ice! wear gloves for now when scooping.

Received by (name and title printed): Joshua Ford; Inspected by (name and title printed): Scott / Cheryl / Kyle Ke Hogg; Received by (signature); Inspected by (signature); cc: fields.