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: COUNTRY GARDEN FRESH/ HIT N MISS ICE CREAM	Telephone Number: ( ) Establishment 574-223-7833 ( ) Owner	Date of Inspection (mm/dd/yr): 9-11-20	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 5744 N. 675 E. Rochester, IN 46975			
Owner: Ion Ramer	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Matthews	Follow-up: —	Release Date: —
Owner's Address: Same		Summary of Violations: C — NC — R ___	
Person in Charge: Ion Ramer			
Responsible Person's E-mail: ion@countrygardenfresh.com		Menu Type (See back of page): 1 ~~2~~ 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler: Ion Ramer			

• 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
			OK to Sell	

Received by (name and title printed): Ion Ramer	Inspected by (name and title printed): [signature] FSI
Received by (signature): [signature]	Inspected by (signature): [signature] FSI
cc:	cc:
	cc: