



**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 Dippin Delicious, llc.		Telephone Number ( ) Establishment ( ) Owner		Date of Inspection (mm/dd/yr) 9-27-19		ID # 27	
Establishment Address (number and street, city, state, ZIP code) 2522 W. 1400 N. Wheatfield, IN 46392		Owner Tina Porter		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) James Dean Fairmount		Follow-up —	
Owner's Address Same		Person in Charge Tina Porter		Summary of Violations: C ___ NC ___ R ___		Release Date —	
Responsible Person's E-mail t_porter09@live.com		Certified Food Handler Tina Porter		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___			

- 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
	NC		Labeling on All Containers if not in original package	

Received by (name and title printed): Darin Porter		Inspected by (name and title printed): Dawn Small PST	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:	cc:	cc:	