



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 (Dippin Delicious, LLC), Telephone Number, Date of Inspection (9-24-21), ID # (27), Establishment Address (300 E. Madison Street Fairmount, IN), Owner (Tina Porter), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) James Dear), Follow-up, Release Date, Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5), Certified Food Handler (Tina Porter).

- 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 text 'OK to take' in the Narrative column.

Received by (name and title printed): Tina Porter; Inspected by (name and title printed): Dean Smith; Received by (signature); Inspected by (signature); cc: fields.