



2019-424

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT
State Form 48669 (R2/2-05)
SDH Form 51-0001

Call if p/c

419-204-1965

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 FROSTY'S	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 9-26-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 9318 SANDUSKY RD.		Follow-up 2	Release Date 27
Owner RYAN CARTER	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C___ NC___ R___	
Owner's Address 9318 SANDUSKY RD.		Menu Type (See back of page) 1___ 2___ 3___ 4___ 5___	
Person in Charge RYAN CARTER			
Responsible Person's E-mail CARTER 4415 @GMAIL.COM			
Certified Food Handler Ryan Carter			

- 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
			Need copy of pm & license - Check M/s etc. by 10 am	

Received by (name and title printed): RYAN CARTER	Inspected by (name and title printed): Donna [Signature] FSA
Received by (signature): [Signature]	Inspected by (signature): [Signature] FSA
cc:	cc: