



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 (FROSTYS), Telephone Number ((419) 204-1965), Date of Inspection (9-24-20), ID # (27), Owner (Ryan Carter), Purpose (HACCP), Follow-up (1), Release Date, Summary of Violations (C NC R), Menu Type (1/2 3 4 5), Responsible Person's E-mail (carter4415@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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'OK to sell' in the Narrative column.

Signature and CC fields: Received by (name and title printed): RYAN CARTER; Inspected by (name and title printed): [Signature] FSD; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: []