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 Hit N Miss Ice Cream	**Telephone Number** ( ) Establishment 574-2237833 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8-5-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 5744 N. E75 E. Rochester, IN 46975			
Owner IOn Ramer	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C__ NC__ R__	
Person in Charge IOn Ramer	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)* Van Buren	**Menu Type** *(See back of page)* 1 X 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
			No Violations	

Received by *(name and title printed)*: Irene Ramer	Inspected by *(name and title printed)*: Scott Kirkendall
Received by *(signature)*: Irene Ramer	Inspected by *(signature)*: Scott Kirkendall EHS
cc:	cc:
	cc: