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 Hot Diggity Dogs Catering	**Telephone Number** (765) Establishment 765-517-0972 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7-3-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3443 E. 550 N. Marion, IN 46952			
Owner Corina Thorton	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* ~~Ice City 4th~~	**Follow-up** — **Release Date** —	
Owner's Address Same		**Summary of Violations:** C— NC— R—	
Person in Charge Corina Thorton			
Responsible Person's E-mail corirathorton@gmail.com		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler Corina Thorton			

- 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)*: Corina Thornton	Inspected by *(name and title printed)*: Dean Small RSTC
Received by *(signature)*: Corina Thornton	Inspected by *(signature)*: Dean Small RSTC
cc:	cc:
	cc: