



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 for Establishment Name (Knotheads SNO Cones), Address (3425 S Meridian St Marion), Owner (Paul Swanner), Person in Charge (Stacy), Purpose (Routine), Date of Inspection (6-15-21), ID # (27), Follow-up (No), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 X 2 3 4 5), and Certified Food Handler (N/A).

- 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. Narrative contains handwritten text: 'No violations on this inspection'.

Received by (name and title printed): Stacy Swanner; Inspected by (name and title printed): Scott Likendall; Received by (signature): Stacy Swanner; Inspected by (signature): Scott Likendall FSH; cc: fields.