



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 (LITTLE HUSKERS), Telephone Number (768), Date of Inspection (8-1-19), ID # (27), Establishment Address (3726 W 100N Summitville), Owner (CARRIE AULT), Owner's Address (Same), Person in Charge (CARRIE AULT), Responsible Person's E-mail (N/A), Certified Food Handler (VBS). Includes Purpose list and Summary of Violations (C \_\_ NC \_\_ R \_\_).

- 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 open' in the Narrative column.

Received by (name and title printed): Carrie Ault owner; Inspected by (name and title printed): [Signature] FSD; Received by (signature): [Signature]; Inspected by (signature): [Signature] RSD; cc: [Blank]