



**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 <i>Little Huskers Kettle Coen</i>	Telephone Number <i>(317) 313-1158</i> Establishment	Date of Inspection <i>6-18-19</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3726 W 1700 N Summitville</i>	() Owner	Follow-up	Release Date <i>6-28-19</i>
Owner <i>CARRIE HULT</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Y-H PRK</i>	Summary of Violations: C ___ NC ___ R ___	
Owner's Address <i>SAME</i>		Menu Type (See back of page) 1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___	
Person in Charge <i>CARRIE HULT</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>N/A</i>			

• 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
			<i>OK to open</i>	
			<i>* Relocate Hand Sink From Current Location. *</i>	

Received by (name and title printed): <i>Carrie Hult owner</i>	Inspected by (name and title printed): <i>R. Dale Carr - FSSD</i>
Received by (signature): <i>Carrie Hult owner</i>	Inspected by (signature): <i>R. Dale Carr FSSD</i>
cc:	cc: