



**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 <b>Little Huskers KettleCorn</b>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>9/20/2021</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3726 W. 1700 N. Summitville, IN 46070</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>Matthews</b>	Follow-up	Release Date
Owner <b>Carrie Ault</b>	Owner's Address <b>Same</b>		Summary of Violations: <b><del>C</del> <del>NC</del> <del>R</del></b>	
Person in Charge <b>Carrie Ault</b>	Responsible Person's E-mail <b>Same</b>	Menu Type (See back of page) <b>1</b> <input checked="" type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b> <input type="checkbox"/> <b>5</b> <input type="checkbox"/>		
Certified Food Handler <b>NA</b>				

- 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>No Violations at this time</i>	

Received by (name and title printed): <i>Carrie Ault owner</i>	Inspected by (name and title printed): <i>Kyle Kellogg</i>
Received by (signature): <i>Carrie Ault</i>	Inspected by (signature): <i>Kyle Kellogg</i>
cc:	cc: