



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: NICKS FRIED DELIGHTS #2; Telephone Number: (574) 518-0852; Date of Inspection: 7-8-20; ID #: 27; Owner: Brittany Beer; Purpose: 4-H Fair; Summary of Violations: C NC R; Menu Type: 3 X 4 5

- 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, NC, Single Serv spoon container has food debris and needs to be covered because no plastic covering to include plastic forks. Row 2: Foods @ grantcounty.net

Received by (name and title printed): Nick Beer; Inspected by (name and title printed): Scott Kikendall; Received by (signature): Nick Beer; Inspected by (signature): Scott Kikendall FSO