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	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)*: 9-12-20	**ID #**: 37
Establishment Address *(number and street, city, state, ZIP code)*: 505 W Bmeline St Mt Gilead			
Owner: Nick Beer	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* Survey 2nd Day	**Follow-up**: ✓	**Release Date**
Owner's Address: Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge: Nick			
Responsible Person's E-mail		**Menu Type** *(See back of page)*: 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Bethany Beer			

- 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
			OK to Sale	

Received by *(name and title printed)*: Nick Beer	Inspected by *(name and title printed)*: Devon Small - FSD
Received by *(signature)*: Nick Beer	Inspected by *(signature)*:
cc:	cc:
cc:	