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 **Establishment Address** (*number and street, city, state, ZIP code*)	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-25-20	**ID #** 27
Owner Nick Beer **Owner's Address** **Person in Charge** **Responsible Person's E-mail** **Certified Food Handler**	**Purpose:** 1. Routine 2. ~~Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO **Release Date** 10 days **Summary of Violations:** C__ NC__ R__ **Menu Type** (*See back of page*) 1__ 2X 3__ 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations on this inspection	
			foods@grantcounty.net	

Received by (*name and title printed*): Nick Beer

Received by (*signature*): Nick Beer

Inspected by (*name and title printed*): Scott Kendall

Inspected by (*signature*): Scott Kendall EHS

cc: | cc: | cc: