RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Bridge

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 NUTCRACKER SWEETS	**Telephone Number** (317) Establishment 317-766-0309 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/6/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* P.O. Box 861 Cicero, IN 46036			
Owner Lisa JOhnson	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* ~~Matthews~~	**Follow-up** / **Release Date**	
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Lisa Johnson		**Menu Type** *(See back of page)* 1 2 3 4 5	
Responsible Person's E-mail 1jjohnson201@yahoo.com			
Certified Food Handler NA			

- 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 at this Inspection	

Received by (*name and title printed*): Lisa Parker

Received by (*signature*): Lisa Johnson

Inspected by (*name and title printed*): R Mallon - FSIO

Inspected by (*signature*): R Mallon FSIO

cc: | cc: | cc: