



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.

Form with fields: Establishment Name (Nutcracker Sweets), Telephone Number (317-966-0389), Date of Inspection (9-11-20), ID # (27), Owner (Lisa Johnson), Purpose (HACCP), Follow-up (checked), Release Date, Summary of Violations (C NC R), Menu Type (1 checked, 2, 3, 4, 5), 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. The table is mostly empty.

Signature section with fields: Received by (name and title printed): Lisa JOHNSON; Inspected by (name and title printed): Dawn Smith FSD; Received by (signature): Lisa Johnson; Inspected by (signature): Dawn Smith FSD.