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 SKYLINE SNOWIE	**Telephone Number** ( ) Establishment 773-908-8027 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/27/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 5935 Stone AVenue, Portage, IN 46368			
Owner Tony & Diane Walford	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* Jonesboro	**Follow-up** / **Release Date**	
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Tony & Diane Walford			
Responsible Person's E-mail twalford@comcast.net		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler Diane Walford 2/26/23			

- 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*):
Diane Walford

Received by (*signature*):
Diane Walford

Inspected by (*name and title printed*): FSP Hans Huber

Inspected by (*signature*): FSP Hans Huber

cc: | cc: | cc: