



**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.

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|---|--|--|--------------|
| Establishment Name<br>Snow King   | Telephone Number<br>( ) Establishment<br>765-810-7879<br>( ) Owner   | Date of Inspection<br>(mm/dd/yr)<br>9/28/19              | ID #<br>27   |
| Establishment Address (number and street, city, state, ZIP code)<br>2408 West 26th. Street Anderson, IN 46016 | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list)<br>Fairmount | Follow-up  | Release Date |
| Owner<br>Tracy Peterson   |  | Summary of Violations:<br>C___ NC___ R___                |              |
| Owner's Address<br>Same   |  | Menu Type (See back of page)<br>1___ 2___ 3___ 4___ 5___ |              |
| Person in Charge<br>Tracy Peterson  |  |  |              |
| Responsible Person's E-mail<br>NA   |  |  |              |
| Certified Food Handler<br>Tracy Peterson ✓  |  |  |              |

- 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 |
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|---|--|-----|
| Received by (name and title printed):<br>TRACY PETERSON | Inspected by (name and title printed):<br>Kyle Kellogg |     |
| Received by (signature):<br><i>[Signature]</i>          | Inspected by (signature):<br><i>[Signature]</i>        |     |
| cc:   | cc:  | cc: |