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 Sophies Ice Cream Deluxe	**Telephone Number** 765 674 0965 (Establishment) ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 3-19-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 306 West Main St. Gas City			
Owner Abby Atkinson	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) OK to open	**Follow-up** No	**Release Date** 3-29-19
Owner's Address P.O. Box 82 Gas City, In 46933		**Summary of Violations:** C___ NC___ R___	
Person in Charge Abby Atkinson			
Responsible Person's E-mail N/A		**Menu Type** *(See back of page)* 1___ 2 X 3___ 4___ 5___	
Certified Food Handler Abby Atkinson taking test 5/8/19			

- 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 Inspections	
			OK to open	

Received by (*name and title printed*): Abby Atkinson - Mgr.	Inspected by (*name and title printed*): Kate Carr - FSD
Received by (*signature*): Abby Atkinson	Inspected by (*signature*): K Carr - FSD

cc:	cc:	cc: