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 STREET TREATS,LLC.	**Telephone Number** ( ) Establishment 765-427-2609 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-27-19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) P.O. Box 165 Francesville, IN 46946			
Owner Meleita Street	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) River Rally	**Follow-up**	**Release Date**
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Same			
Responsible Person's E-mail dmkstreet@embarqmail.com		**Menu Type** (*See back of page*) 1___ 2___ 3___ 4___ 5___	
Certified Food Handler Meleita Street 6/2024			

• 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
			Ok to Sale	

Received by (*name and title printed*): Meleita Street	Inspected by (*name and title printed*): Dean Snell KSD
Received by (*signature*): Meleita Street	Inspected by (*signature*): [signature] KSD

cc:	cc:	cc: