RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

PHONE (765) 651-2401
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GRANT COUNTY HEALTH DEPARTMENT
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 Tiki Hut / Cool Beans	**Telephone Number** (765) 948 5122 Establishment ( ) Owner	**Date of Inspection** (mm/dd/yr) 4-15-19	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 116 W Washington St.			
Owner Stephen Matthews	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. ~~Temporary~~ pde 6. HACCP 7. Other (list)	**Follow-up** NO	**Release Date** 4-25-19
Owner's Address 1010 N Indian Paint Brush Cir Az		**Summary of Violations:** C — NC — R —	
Person in Charge Cassie Beals			
Responsible Person's E-mail N/A		**Menu Type** (See back of page) 1 X 2 3 4 5	
Certified Food Handler Need 2019 (May)			

- 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): X Cassandra Beals MNG	Inspected by (name and title printed): [signature] - FSIO
Received by (signature): X Cassandra Beals	Inspected by (signature): [signature] FSIO
cc:	cc: cc: