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 Trailside Treats	**Telephone Number** 765 Establishment / 618-5332 Owner	**Date of Inspection** (mm/dd/yr) 6-8-21	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 102 S. Main St Sweetsen			
Owner ~~Sam~~ Tracy Freeman	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Debra	3. Complaint	C — NC — R —	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (See back of page)	
Certified Food Handler Kiley Freeman exp 10-25	5. Temporary	1 X 2 3 4 5	
	6. HACCP		
	7. Other (list)		

- 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): Debra Freeman	Inspected by (name and title printed): Dean Small / Scott Kilkerdall
Received by (signature): Debra Freeman	Inspected by (signature): Dean Small FSB / Scott Kilkerdall FSB

cc:	cc:	cc: