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 Twisted Sugar	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9.24.21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 50[illegible] M[illegible] Street [illegible] City, IN 46933			
Owner Amber Reynolds	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) River R[illegible]	**Follow-up** —	**Release Date** —
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Amber Reynolds			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 X 2___ 3___ 4___ 5___	
Certified Food Handler Amber Reynolds			

• 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*): Amber Reynolds	Inspected by (*name and title printed*): Dean Small FSA
Received by (*signature*): Amber R[illegible]	Inspected by (*signature*): Dean Small FSA
cc:	cc:	cc: