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: Whoolie Push Cart Ice Cream	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (mm/dd/yr): 4/24/25	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 123 E 3rd St.			
Owner: Dylan Hewitt	**Purpose**: 1. Routine	**Follow-up**: NO	**Release Date**: (10 Days)
Owner's Address: 4315 S. 900 E.	2. Follow-up	**Summary of Violations**:	
Person in Charge: Dylan Hewitt	3. Complaint 4. Pre-Operational	C— NC— R—	
Responsible Person's E-mail	5. Temporary 6. HACCP	**Menu Type** (See back of page):	
Certified Food Handler: Dylan Hewitt 1/15/25	7. Other (Specify): Fourth Quarter	1 2 X 3 4 5	

- 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	

Received by (*name and title printed*): Tyler Hewitt

Received by (*signature*):

Inspected by (*name and title printed*): Angela Rymell Sanitarian

Inspected by (*signature*):

cc: | cc: | cc: