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: Dairy Queen Rush Curt Ice Cream	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 7-7-25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 123 E 3rd St Marion			
Owner: Tyler Hewitt	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address: 4315 S. 900 E	2. Follow-up	**Summary of Violations:** P PC R	
Person in Charge: Tyler Hewitt	3. Complaint 4. Pre-Operational 5. Temporary 6. ~~HACCP~~ 7. Other (*list*) CFH		
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 3 4 5	
Certified Food Handler: Tyler Hewitt			

- 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

Received by (*name and title printed*): Tyler Hewitt	Inspected by (*name and title printed*): Dawn Sanders
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: