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~~ 26, 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 Idyl Wyld	**Telephone Number** (765) Establishment ( ) Owner 674-1270	**Date of Inspection** (*mm/dd/yr*) 7-25-25	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 4013 S Meridian St			
Owner Dusty McFarran	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) Reopening	**Follow-up** No	**Release Date**
Owner's Address Britton Ln		**Summary of Violations:** P-pf1 C2 R-	
Person in Charge			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1 2 X 3 4 5	
Certified Food Handler Sara Nesbitt exp 2-2029			

- 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/PC~~	R	Narrative	To Be Corrected By
306(A)	PF		Inside - Top to include the metal "popper" Soiled and dark residue of popcorn machine	Today
176(A)	C		Plastic bottle w/ green liquid inside - Must be labeled as to what it is.	
306	C		Dust on fan blades	
			Back room - Metal prep table Floors - walls - ceiling must be smooth - easy - Cleanable Sink in back must have Soap - towels for employees To wash hands	
			When back room is completed Contact Health Dept 765-651-2401 option 2	

Received by (*name and title printed*): No one here to sign	Inspected by (*name and title printed*): Dean Smith
Received by (*signature*):	Inspected by (*signature*): Dean Smith RSFO

cc:	cc:	cc: