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

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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: Kynies Sweet Treats	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (mm/dd/yr): 7-3-25	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 3323 S. Washington St.			
Owner: Kimberly Cox	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. ~~HACCP~~ 7. Other (list) Opening July	**Follow-up**	**Release Date**
Owner's Address: Simp		**Summary of Violations:** C 0 – PF – R –	
Person in Charge: Kimberly Cox			
Responsible Person's E-mail		**Menu Type** (See back of page) 1 2 3 4 5	
Certified Food Handler			

- 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#	~~CDC~~ C	R	Narrative	To Be Corrected By
			No violations	

Received by (name and title printed): Kimberly Cox	Inspected by (name and title printed): Dawn Snow
Received by (signature): Kimberly Cox	Inspected by (signature): Dawn Snow

cc:	cc:	cc: