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: Dennis Tasty Chips	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)*: 4/12/25	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 717 E Sycamore St.			
Owner: Ken Dodson, Jr.	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*: Compliment	**Follow-up**: NO	**Release Date**: 10 Days
Owner's Address: Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge: Ken Dodson			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1___ 2 X 3___ 4___ 5___	
Certified Food Handler: Ken Dodson 8/4/22			

- 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*):

Inspected by (*name and title printed*): Angela R. McCallum

Received by (*signature*):

Inspected by (*signature*): Angela R. McCallum 7810

cc: | cc: | cc: