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

7-26

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: The Overflow Slushie Co.	**Telephone Number** ( ) Establishment: 260 ( ) Owner: 571-4747	**Date of Inspection** (*mm/dd/yr*): 5-30-26	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1606 E 900 So			
Owner: Brady & Kaitlyn Moss	**Purpose:** 1. Routine	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Brady Moss	3. Complaint	P ___ NC ___ R ___	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler: Kaitlyn Moss 9/4/25	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP	1 X 2 ___ 3 ___ 4 ___ 5 ___	
	7. Other (*list*) ___		

- 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*): Brady Moss	Inspected by (*name and title printed*): Dew Small
Received by (*signature*): Brady Moss	Inspected by (*signature*): Dew Small FSP
cc:	cc: / cc: