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 Tiki Hut / Cool Beans / Noble Tomato	**Telephone Number** ( ) Establishment 765 ( ) Owner 948 5122	**Date of Inspection** *(mm/dd/yr)* 9/16/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 118 W. Washington St. Fairmount	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner Stephen Matthews	2. Follow-up	**Summary of Violations:** C___ NC___ R___	
Owner's Address Mayson, AZ	3. Complaint		
Person in Charge Samantha	4. Pre-Operational		
Responsible Person's E-mail	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler Stephen Matthews 8/8/24	6. HACCP	1___ 2 X 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)*: SAMANTHA HUBBARD
Received by *(signature)*: Samantha Hubbard

Inspected by *(name and title printed)*: [illegible]
Inspected by *(signature)*: [illegible]

cc: | cc: | cc: