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 Dave's Fun Foods	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 6-18-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 418 N Broadway Butler, In			
Owner David Ervin	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge David Ervin	3. Complaint	C— NC— R—	
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler David Ervin	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*): David Ervin	Inspected by (*name and title printed*): Dean Gray
Received by (*signature*): David Ervin	Inspected by (*signature*): Dean Gray RSTC

cc:	cc:	cc: