



**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 <i>Twisted Sugar</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>7/12/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>505 W. Main St</i>		Follow-up	Release Date
Owner <i>Amber Reynolds</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>4th G.C</i>	Summary of Violations: C ___ NC ___ R ___	
Owner's Address		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Person in Charge <i>Amber Reynolds</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Amber Reynolds</i>			

• 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
			<i>Refrigerator temp out of range</i>	
			<i>Soda in cooler needs to be cap' up</i>	

Received by (name and title printed): <i>Amber Reynolds</i>	Inspected by (name and title printed): <i>Kette Ketter Jimmy Henry</i>
Received by (signature): <i>Amber Reynolds</i>	Inspected by (signature): <i>Kette Ketter</i>
cc:	cc: