



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)  
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT  
506 E. VAN CLEVE  
HARTFORD CITY, IN 47348  
(765) 348-4317

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 <b>FROSTY'S</b>	Telephone Number <b>(765) Establishment ( 728 ) 2257</b>	Date of Inspection <b>(mm/dd/yr) 6/30/22</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>659 W Huntington St. Montpelier</b>		Follow-up <b>No</b>	
Owner <b>Masey Reynolds</b>	Purpose: <u>1. Routine</u>	Release Date <b>7/10/22</b>	Summary of Violations:  <b>C ___ NC ___ R ___</b>  Menu Type (See back of page) <b>1 ___ 2 ___ 3 X 4 ___ 5 ___</b>
Owner's Address <b>6684 E 600N Montpelier</b>	2. Follow-up	C ___ NC ___ R ___	
Person in Charge <b>MASEY REYNOLDS</b>	3. Complaint		
Responsible Person's E-mail <b>w/a</b>	4. Pre-Operational		
Certified Food Handler <b>MASEY REYNOLDS exp 1-7-25</b>	5. Temporary		
	6. HACCP		
	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
			<b>No Violations AT THIS INSPECTION</b>	
			<b>* NEED TO GIVE ACCESS TO PUBLIC RESTROOM *</b>	

Received by (name and title printed): <b>Kasey Reynolds Owner</b>	Inspected by (name and title printed): <b>Kate Carr - FSIO / EHS</b>
Received by (signature): <i>Kasey Reynolds</i>	Inspected by (signature): <i>Kate Carr</i> - FSIO / EHS
cc:	cc: