



**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) 728 2257</b>	Date of Inspection (mm/dd/yr) <b>6/30/23</b>	ID # <b>5</b>
Establishment Address (number and street, city, state, ZIP code) <b>659 W Huntington Montpelier</b>		Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>7/10/23</b>
Owner <b>KASEY REYNOLDS</b>			Summary of Violations:  C ___ NC ___ R ___	
Owner's Address <b>418 E Huntington Montpelier</b>				
Person in Charge <b>KASEY REYNOLDS</b>			Menu Type (See back of page)  1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___	
Responsible Person's E-mail <b>N/A</b>		Certified Food Handler <b>KAYSEY REYNOLDS EXP 1-7-26</b>		

- 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 at this Inspection.	

Received by (name and title printed):		Inspected by (name and title printed): <b>R Dale Carr - EHS</b>	
Received by (signature):		Inspected by (signature): <b>R Dale Carr EHS</b>	
cc:	cc:	cc:	cc: