RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Brown County Health Department
P.O. Box 281, Nashville, IN 47448
812-988-2255

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 Millers Ice Cream	**Telephone Number** (812) 988-0815	**Date of Inspection** (mm/dd/yr) 5/14/25	**ID #**
Establishment Address (number and street, city, state, ZIP code) 60 W. Main St.	()		
Owner Anthony Dobbs	**Purpose:** (1) Routine	**Follow-up** yes	**Release Date** 5/24/2025
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC 1 R 0	
Person in Charge Allex Dobbs	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail nashvilleicecream llc@gmail.com	6. HACCP 7. Other (list)	**Menu Type** (See back of page) 1 2 ✓ 3 4 5	
Certified Food Handler Allex Dobbs			

- 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
294	C		Sanitizer concentration too low	corrected 5/14
234a.6	NC		Ice cream scoop stored in water below 135°F	in process

Received by (name and title printed):	Inspected by (name and title printed):
CARTER NORRCUTT	Tiffany Petit, Assistant EHS
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: