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 TEDRO'S KETTLE CORN	**Telephone Number** (812) 593-0148 ( )	**Date of Inspection** (*mm/dd/yr*) 6/10/2025	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 6876 Justons Ridge Rd			
Owner Ted Wagner	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge /	3. Complaint	C Ø NC Ø R Ø	
Responsible Person's E-mail tedrosketllecorn@gmail.com	4. Pre-Operational		
Certified Food Handler N/A by product	5. Temporary	**Menu Type** (*See back of page*)	
	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 observed at time of inspection	

Received by (*name and title printed*): Ted Wagner	Inspected by (*name and title printed*): Jennifer Heller EHS Tiffany Reth
Received by (*signature*):	Inspected by (*signature*): Jeff Reth

cc:	cc:	cc: