



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.

Form header section containing fields for Establishment Name (Idyl Wild), Telephone Number (765 Establishment), Date of Inspection (2-15-24), ID # (27), Establishment Address (4013 S Meridian St.), Owner (Dorothy Treeman), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), and Certified Food Handler (Terra Kays).

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"

Table with 4 columns: Section#, C/NC, R, Narrative, and To Be Corrected By. Contains two entries: Section 298 (microwave seals) and Section 410 (fan blades).

Form footer section containing Received by (Sheryl Courtney), Inspected by (Alexandra Swartz), and cc: fields.