



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.

Establishment Name Kim Hot Dogs		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 4/24/25	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 2909 W. Patricia Lane					
Owner Ken's Mary Culbertson		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Follow-up NO	Release Date 10 Days	
Owner's Address #301			Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		
Person in Charge Ken's Mary Culbertson			Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>		
Responsible Person's E-mail					
Certified Food Handler Ken's Mary Culbertson		Other (list) Health Day			
• 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
			Violations 		
Received by (name and title printed): Mary Culbertson			Inspected by (name and title printed): [Signature]		
Received by (signature): Mary Culbertson			Inspected by (signature): [Signature]		
cc:		cc:	cc:		