



# 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 <i>Little Husker Bonny and Cinnamon</i>	Telephone Number Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>3726 W, 700 N, Summitville</i>	<i>4/12/25 27</i>		
Owner <i>Carrie Ault</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Carrie</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>None</i>	Summary of Violations:  <i>C NC R</i>		
Person in Charge <i>Carrie</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i></i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Carrie Ault</i>	5/2002 <i>Bonny Market</i>		

- 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"

Received by (name and title printed):

Inspected by (name and title printed)

Received by (signature):

1961-1-1

CC:

CC:

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