



**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**

7-26

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 <b>Mama Duck's Kitchen</b>	Telephone Number (      ) <b>260</b> (      ) <b>2884580</b>	Date of Inspection (mm/dd/yr) <b>7/18/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>118 of 1st St., Van Buren</b>			
Owner <b>Candice Duckwall</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner's Address <b>Same</b>	Summary of Violations: <b>Q - PC - R -</b>		
Person in Charge <b>Cayla</b>			
Responsible Person's Email <b></b>			
Certified Food Handler <b>Candice Duckwall</b>	7. Other (list) <b></b>	Menu Type (See back of page) <b>1    2    3 <b>X</b>    4    5</b>	

• 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):

Inspected by (signature):

cc:

CC:

CCS