



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 AMS

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>Mobile Dog Cart LLC</i>		Telephone Number (260) 333-3718	Date of Inspection (mm/dd/yr) 5/16/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>112 N. Fremont, Whataburger</i>				
Owner <i>Nicholas Palmer</i>		Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____ 	Follow-up NO	Release Date <i>10 days</i>
Owner's Address <i>300 N. Fremont</i>		Summary of Violations: <i>P - PF - C -</i>		
Person in Charge <i>Nicholas</i>		Menu Type (See back of page)		
Responsible Person's E-mail <u><i>nicolas.palmer</i></u>		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Nicholas Palmer 4/4/24</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):

Received by (name and title printed).
Dick Palmer for Dick Palmer
Received by (signature)

Received by (signature):

Inspected by (name and title printed):

inspected by (Name and title printed) blanchette colon
Date (month and year) 10/20/13

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