



**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 7-2.2, 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>4 Nicks Dried Delights - 2</i>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>6-17-25</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>505 W. Emelup St Marion</i>					
Owner <i>Brittany Beer</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>4 HACCP</i>	Follow-up	Release Date	
Owner's Address <i>505 W. Emelup St.</i>			Summary of Violations: <i>0 0 0</i>		
Person in Charge <i>Brittany Beer</i>			Menu Type (See back of page) <i>1 2 3 4 5</i>		
Responsible Person's E-mail					
Certified Food Handler <i>Brittany Beer</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"					
Section#	<del>CNC</del>	R	Narrative		To Be Corrected By
			<i>No violations</i>		
Received by (name and title printed): <i>Eric Berryman</i>			Inspected by (name and title printed): <i>Donna Lee</i>		
Received by (signature): <i>Eric Berryman</i>			Inspected by (signature): <i>Donna Lee</i>		
cc:		cc:		cc:	

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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 <b>Vicks Vriid Delights #1</b>		Telephone Number ( ) Establishment ( ) Owner		Date of Inspection (mm/dd/yr) <b>6-17-25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>505 W. Emerald St</b>					
Owner <b>Brittany Beer</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>4-H Day</b>		Follow-up	Release Date
Owner's Address <b>Same</b>				Summary of Violations: <b>f pt R</b>	
Person in Charge <b>Brittany Beer</b>				Menu Type (See back of page) <b>1 2 3 4 5</b>	
Responsible Person's E-mail					
Certified Food Handler <b>Brittany Beer</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"					
Section#	C	R	Narrative	To Be Corrected By	
			No violation c		
Received by (name and title printed): <b>Eric Berryman</b>			Inspected by (name and title printed): <b>Dan Smith</b>		
Received by (signature): <b>Eric Berryman</b>			Inspected by (signature): <b>[Signature]</b>		
cc:		cc:		cc:	