



**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 Sky High Scoops	Telephone Number 707-7777	Date of Inspection 4-28-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 5904 Sweeten Ave	Establishment 707-7777		
Owner Andrew Darling Jr	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <hr/>	Follow-up NU	Release Date 1/1/25
Owner's Address SP4ME	Summary of Violations: <input checked="" type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Person in Charge Andrew	Menu Type (See back of page)		
Responsible Person's E-mail <hr/>	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Certified Food Handler <hr/>			

- 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):
Andrew Darlington
Received by (signature):

Inspected by (name and title printed):

Inspected by (name and title)

Received by (signature):

Received by (signature):

Inspected by (signature)

Inspected by (signature):  Brian Bell BSTC

CC:

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