



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 <u>Smash & Dash RV Comm</u>			Telephone Number () Establishment () Owner		Date of Inspection (mm/dd/yr) <u>6/17/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>4035 S. 150 E. Greenwood, IN</u>						
Owner <u>Garion's Backyard Gummy Vendors</u>			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>4-H fair</u>		Follow-up	Release Date
Owner's Address <u>Same</u>					Summary of Violations: C___ NC___ R___	
Person in Charge <u>Garion's Backyard Gummy Vendors</u>					Menu Type (See back of page) 1___ 2___ 3___ 4___ 5___	
Responsible Person's E-mail						
Certified Food Handler <u>Garion Gummy Vendors</u>						
• 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/NC	R	Narrative			To Be Corrected By
			<u>No Violations</u>			
Received by (name and title printed): <u>Aaron Lundy - Vet</u>			Inspected by (name and title printed): <u>Matthew Callum</u>			
Received by (signature): <u>Aaron Lundy</u>			Inspected by (signature): <u>Matthew Callum</u>			
cc:			cc:			