



**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 <i>Sophies Ice Cream</i>	Telephone Number () Establishment <i>1061-4030</i>	Date of Inspection (mm/dd/yr) <i>3/12/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>306 W Main St Gas City</i>	() Owner	Follow-up	Release Date <i>10 days</i>
Owner <i>Trans Campbell</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. <u>Pre-Operational</u> 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Owner's Address <i>Scener</i>		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Person in Charge <i>TRANS</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Kylie Sonner 3123121</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#	C/NC	R	Narrative	To Be Corrected By
			<i>HVAC Should be cleaned prior to open</i>	
			<i>Dried Syrup on ceiling by storage closet</i>	
			<i>Clean Freezer bottoms</i>	
			<i>OK to open!!</i>	

Received by (name and title printed): <i>Travis Campbell</i>	Inspected by (name and title printed): <i>April Logene</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: