



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 (AM-5)

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 3 splash house	Telephone Number (765) Establishment (38033759) Owner (Owner)	Date of Inspection (mm/dd/yr) 5/20/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 269 S. Wabam St. Marion			
Owner City of Marion	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 100 days
Owner's Address 50mly	Summary of Violations: R - R - C -		
Person in Charge Andy Wyse	Menu Type (See back of page) 1 X 2 3 4 5		
Responsible Person's E-mail -----			
Certified Food Handler NA			

- 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"

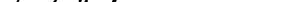
Received by (name and title printed):

Andy Davis Director

Received by (signature):

cc: Aly Dini

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