



**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>Ambers Concession</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>9-21-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1403 E ST RD 1B Marion</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. <u>Pre-Operational</u> 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NI</i>	Release Date <i>10 July 8</i>
Owner <i>4-H Fairgrounds</i>	Summary of Violations: C ___ NC ___ R ___	Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Owner's Address <i>Same</i>			
Person in Charge <i>Amber Dickerson</i>			
Responsible Person's E-mail _____			
Certified Food Handler _____			

- 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#	CNC	R	Narrative	To Be Corrected By
			<i>- Hot oil hairnet needed when selling</i>	
			<i>- hot water & soap paper towel inside to wash hands</i>	
			<i>OK to sell</i>	

Received by (name and title printed): <i>Amber Dickerson</i>	Inspected by (name and title printed): <i>Devin Smith PSD</i>
Received by (signature): <i>Amber Dickerson</i>	Inspected by (signature): <i>Devin Smith PSD</i>
cc:	cc: