



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)
SDH Form 51-0001

Grant County Health Dept.
Food Division
401 S. Adams
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 Bailey Concessions		Telephone Number (765) 745-0510	Date of Inspection (mm/dd/yr) 9/27/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 356 W. Hill Street Marion, IN 46953		() Owner		
Owner Pam & Marvin Bailey	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Jame Dean Uptown	Follow-up	Release Date	
Owner's Address Same		Summary of Violations: C ___ NC ___ R ___		
Person in Charge Pam Bailey		Menu Type (See back of page)		
Responsible Person's E-mail		1 ___ 2 ___ 3 ___ 4 ___ 5 ___		
Certified Food Handler Pam Bailey				

- 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
	C		Preparing food without hair restraints	
			Fryer Not Under hood system	followup 9/23/19

Received by (name and title printed): Pam Bailey	Inspected by (name and title printed): Kyle Kellogg
Received by (signature): <i>Pam Bailey</i>	Inspected by (signature): <i>Kyle Kellogg</i>
cc:	cc: