



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: BENNETT CONCESSIONS. Telephone Number: 317-750-1010. Date of Inspection: 9-25-20. ID #: 27. Owner: Brad Bennett. Purpose: HACCP. Certified Food Handler: Brad Bennett. James Dean (signature).

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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 199, NC, [blank], Guys preparing food NO HAZ Restaurant to include behind gurney, Corrected.

Received by (name and title printed): Brad Bennett. Inspected by (name and title printed): DAN SMALL PST. Received by (signature): [Signature]. Inspected by (signature): [Signature].

cc: [blank]



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Establishment Name: BENNETT CONCESSIONS / GYRO TACO. Telephone Number: 317-750-1010. Date of Inspection: 9-25-20. ID #: 27. Owner: Brad Bennett. Purpose: HACCP. Summary of Violations: C, NC, R. Menu Type: 1, 2, 3, 4, 5. Certified Food Handler: Brad Bennett, James Dean.

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Received by (name and title printed): Mikalia Wood. Inspected by (name and title printed): Dawn Spray P.E.S. Received by (signature): [Signature]. Inspected by (signature): [Signature]. cc: []