



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: Big B's Concessions #1; Telephone Number: 765-244-1264; Date of Inspection: 9/22/19; ID #: 27; Owner: Ken Baker; Purpose: HACCP; Certified Food Handler: Lisa Summers exp 4/4/24; Other (list): James Dean

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. Handwritten text: No Violations at this inspection

Received by (name and title printed): Lisa Summers Mgr. Inspected by (name and title printed): Rick Gen-FSD/Hans Huber

Received by (signature): Lisa S. Inspected by (signature): Rick Gen-FSD/Hans Huber



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FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

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Establishment Name Big B's Concessions #2	Telephone Number (765) 244-1248 Establishment	Date of Inspection (mm/dd/yr) 9/27/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) P.O. Box 1267	() Owner	Follow-up	Release Date
Owner Ken Baker	Purpose: 1. Routine	Summary of Violations: C ___ NC ___ R ___	
Owner's Address Same	2. Follow-up	Menu Type (See back of page)	
Person in Charge Lisa Summers	3. Complaint	1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Lisa Summers	5. Temporary		
	6. HACCP		
	7. Other (list) James Dean		

• 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		Beard Guards not being used	
	C		Hand towels sitting on counter	

Received by (name and title printed): John Baker	Inspected by (name and title printed): Kyle Kellogg
Received by (signature): 	Inspected by (signature):
cc:	cc: