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 BYALL AND SONS CONCESSIONS	**Telephone Number** ( ) Establishment 260-437-1345 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8/2/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 108 W. Countyline Rd. N. Fort Wayne, IN 46818			
Owner Arthur Byall	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) Van Buren	**Follow-up** / **Release Date**	
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Arthur Byall		**Menu Type** *(See back of page)* 1___2___3___4___5___	
Responsible Person's E-mail Byallandsonsconcessions@gmail.com			
Certified Food Handler Tyler Byall 5/24/22			

- 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
			Ok to open	

Received by (*name and title printed*):
Tami Byall

Received by (*signature*):
X ARTHUR Byall

Inspected by (*name and title printed*):
[signature] - FSO

Inspected by (*signature*):
[signature] - FSO

cc:

cc:

cc: