



# 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 <b>Byall And Sons Concessions</b>		Telephone Number ( <u>260</u> ) Establishment (    ) Owner <b>260-437-1345</b>		Date of Inspection (mm/dd/yr) <b>8-5-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>108 W. Countyline Road North Fort Wayne, IN 46818</b>		Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>Van Buren</b>		Follow-up <b>NO</b>	Release Date <b>today</b>
Owner <b>Arthur Byall</b>		Summary of Violations: <b>C <u>  </u> NC <u>  </u> R <u>  </u></b>		Menu Type (See back of page) <b>1 <u>  </u> 2 <u>  </u> 3 <input checked="" type="checkbox"/> 4 <u>  </u> 5 <u>  </u></b>	
Owner's Address <b>Same</b>					
Person in Charge <b>Arthur Byall</b>					
Responsible Person's E-mail <b>Tyler Byall</b>					
Certified Food Handler <b>Tyler Byall</b> <b>Exp 5-2022</b>					
<ul style="list-style-type: none"> <li>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>					
Section#	C/NC	R	Narrative	To Be Corrected By	
			<b>NO VIOLATIONS</b>		
Received by (name and title printed): <b>ART HUR BYALL</b>			Inspected by (name and title printed): <b>Scott Kikendall</b>		
Received by (signature): <i>Arthur Byall</i>			Inspected by (signature): <i>Scott Kikendall FSCO</i>		
cc:		cc:		cc:	