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 Carr Concessions	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9-24-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 6801 S. Slaven Rd Rosedale, IN 47874			
Owner Paul Carr	**Purpose:** 1. Routine	**Follow-up** —	**Release Date** —
Owner's Address S. me	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Paul Carr	4. Pre-Operational 5. Temporary	C— NC— R—	
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Mary Sherherd	7. Other *(list)* Jamar Dear Park	1 2X 3 4 5	

- 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
			No Violations	

Received by *(name and title printed)*: PAUL J CARR	Inspected by *(name and title printed)*: Scott Kendall
Received by *(signature)*: Paul J. Carr	Inspected by *(signature)*: Scott Kendall REHS
cc:	cc:
	cc: