



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 (765) 503-2241	Date of Inspection 9-25-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 10418 S. US Hwy 41 Rosedale, IN 47874		() Owner		
Owner Paul Carr	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up NO	Release Date 10 days	
Owner's Address Same		Summary of Violations: C___ NC___ R___		
Person in Charge Paul Carr		Menu Type (See back of page) 1___ 2^X___ 3___ 4___ 5___		
Responsible Person's E-mail Carrconcessions@gmail.com				
Certified Food Handler Mary Shepard				

- 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
			<i>no violations</i>	

Received by (name and title printed): PAUL J. CARR	Inspected by (name and title printed): Sarah K. Kendall
Received by (signature): <i>Paul J. Carr</i>	Inspected by (signature): <i>Sarah Kendall/FSP</i>
cc:	cc: