



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.

Form with fields: Establishment Name (Collins Concessions), Telephone Number, Date of Inspection (10-17-19), ID # (27), Establishment Address (2127 Clifton Ave Logansport IN), Owner (Jason Collins), Purpose (7. Other (list) 411 M.R.), Follow-up, Release Date, Summary of Violations (C ___ NC ___ R ___), Menu Type (1 ___ 2 ___ 3 ___ 4 ___ 5 ___), Responsible Person's E-mail (N/A), Certified Food Handler (Candace Collins).

- 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. Row 1: 295, C, Dishes at sink stored as clean - need cleaned or thrown out, Today. Row 2: 441, Top of trailer needs repaired ASAP.

Received by (name and title printed): Candace Collins; Inspected by (name and title printed): Dawn Small FSTO; Received by (signature): Candace Collins; Inspected by (signature): Dawn Small FSTO; cc: fields.