



**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 CONWAY CONCESSIONS	Telephone Number (765) Establishment: 808-0884 () Owner:	Date of Inspection (mm/dd/yr) 9-24-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3141 E. Shockley Road Muncie, IN 47302-8614		Follow-up —	
Owner Kevin & Judy Conway	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Ducktail	Release Date —	
Owner's Address Same		Summary of Violations: C ___ NC ___ R ___	
Person in Charge Kevin & Judy Conway		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail JKConway79 @comcast.com			
Certified Food Handler Judy Conway			

• 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 Sell	

Received by (name and title printed): Judy Conway	Inspected by (name and title printed): Dena Pugh FSA
Received by (signature): Judy Conway	Inspected by (signature): Dena Pugh FSA
cc:	cc: