



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 Concession; Telephone Number: ( ) Establishment; Date of Inspection: 9-23-21; ID #: 27; Establishment Address: 3141 E. Shocklev Rd Muncie, IN 47307; Owner: Judy Conway; Purpose: HACCP; Follow-up: [check]; Release Date: [check]; Summary of Violations: C [check] NC [check] R [check]; Menu Type: 1 [check] 2 [check] 3 [check] 4 [check] 5 [check]; 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations'.

Received by (name and title printed): Judy Conway; Inspected by (name and title printed): Dawn Smith RSD; Received by (signature): [signature]; Inspected by (signature): [signature]; cc: [signature]