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 DEBBIES CONCESSIONS	**Telephone Number** ( ) Establishment 317-752-2844 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9-25-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 5750 N. 275 W. Lebanon, IN 46952			
Owner Deborah Hook	**Purpose:** 1. Routine	**Follow-up** —	**Release Date** —
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C____ NC____ R____	
Person in Charge Deborah Hook	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail debbiehook1@yahoo.com	6. HACCP 7. Other (*list*) ~~River Rally~~	**Menu Type** *(See back of page)* 1___2___3_X_4___5___	
Certified Food Handler Debbie Hook March 2022			

- 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 Sale	

Received by (*name and title printed*): Deborah Hook	Inspected by (*name and title printed*): Dean Small FSD
Received by (*signature*): Deborah Hook	Inspected by (*signature*): Dean Small FSD
cc:	cc:
	cc: