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 Dickerson & Kenna Concessions	**Telephone Number** ( ) Establishment 317-513-8664 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7-4-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2505 S. Indianapolis Road Lebanon, IN 46052			
Owner Donald & Cecelia Kenna	**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 Donald & Cecelia	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)* ~~4th Gas City~~	**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler Cecelia Kenna			

- 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
			No violations —	

Received by (*name and title printed*): Cecelia Kenna pr	Inspected by (*name and title printed*): Dean Smith EHP
Received by (*signature*): Cecelia Kenna	Inspected by (*signature*): Dean Smith EHP
cc:	cc:
cc:	