



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 <i>Get R Done Concession</i>	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) <i>9/25/00</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1001 E 26th St Muncie</i>	() Owner		
Owner <i>Shannon Conwell</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Live Rally</i>	Follow-up <i>N/A</i>	Release Date <i>N/A</i>
Owner's Address <i>Spain</i>		Summary of Violations: <i>C 1 NC R</i>	
Person in Charge		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>enrolled in serv safe for certificate</i>			

- 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
<i>345</i>	<i>C</i>		<i>Items in hand sink</i>	

Received by (name and title printed): <i>Kenneth D McGabey</i>	Inspected by (name and title printed): <i>Kyle Kellas</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: