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 Git R Done Concessions	**Telephone Number** ( ) Establishment 765-749-3253 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/28/16	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 1001 E. 26th St. Muncie, IN 47302			
Owner Marie Conwell	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Marie Conwell	4. Pre-Operational 5. Temporary	C____ NC____ R____	
Responsible Person's E-mail gitrdoneconcessins@gmail.com	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)*	
Certified Food Handler Shannon Conwell	~~Jonesboro~~	1___2___3___4___5___	

- 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
	C		Hair Restraints	9/28/16

Received by (*name and title printed*): Shannon Conwell	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*):	Inspected by (*signature*):
cc:	cc: