



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: H&M Concessions LLC; Telephone Number: 765 702 1730; Date of Inspection: 6-17-19; ID #: 27; Establishment Address: 16101 N Whelting Ave Gaston; Owner: Elaine Miller - MAR @ Howell; Owner's Address: Same; Person in Charge: MARC; Responsible Person's E-mail: N/A; Certified/Food Handler: Elaine & MARC issued 3-2017; Purpose: HACCP (circled); Summary of Violations: C\_\_\_ NC\_\_\_ R\_\_\_; Menu Type: 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text: 'No Violations at this Inspection.'

Received by (name and title printed): x Marc Hollowell; Inspected by (name and title printed): Katelyn Carr FHSO; Received by (signature): x Marc Hollowell; Inspected by (signature): Katelyn Carr FHSO; cc: (empty)