



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.

Form with fields: Establishment Name (H & M Concessions), Telephone Number (765-702-1731), Date of Inspection (9/11/20), ID # (27), Establishment Address (16101 N. Wheeling Ave. Gaston, IN 47342), Owner (Elaina Miller And Marc Hollowell), Purpose (1. Routine), Follow-up/Release Date, Summary of Violations (C NC R), Menu Type (1 2 3 4 5), Responsible Person's E-mail (hmconcessions@gmail.com), Certified Food Handler (Elaina Miller AND Marc Hollowell).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations at this time.'

Received by (name and title printed): Marc Hollowell; Inspected by (name and title printed): Kyle Kellogg; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]