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 JC CONCESSIONS	**Telephone Number** (765) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8/9/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3719 S. GALIFAN - MARION			
Owner JUAN GARCIA	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address SAME	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge JUAN GARCIA	4. Pre-Operational 5. Temporary	C___ NC___ R___	
Responsible Person's E-mail N/A	6. ~~HACCP~~ 7. Other *(list)* Hog Days	**Menu Type** *(See back of page)* 1___ 2___ 3__X__ 4___ 5___	
Certified Food Handler JUAN GARCIA			

- 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 AT THIS INSPECTION	

Received by *(name and title printed)*: Juan C Garcia	Inspected by *(name and title printed)*: Ralph Gant - FSD
Received by *(signature)*: Juan C Garcia	Inspected by *(signature)*: Ralph Gant - FSD

cc:	cc:	cc: