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 JD CONCESSIONS	**Telephone Number** ( ) Establishment 765-499-5163 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9/7/19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1190 W. 463 South Hartford City, IN 47348			
Owner Jerry BLack	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ~~Exempt~~ Matt Jones	**Follow-up**	**Release Date**
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Jerry BLack			
Responsible Person's E-mail joyblack2001@yahoo.com		**Menu Type** (*See back of page*) 1____2____3____4____5____	
Certified Food Handler Debra Black			

• 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		Needs Backflow prevention device for main water supply	
	C		Need Handwashing station in cotton candy area	corrected
	NC		Preparing food without gloves on, fingernail polish was present on the cook	
		☆	Owner states fire Marshall said she was grandfathered in for not having a hood system over fryer	

Received by (*name and title printed*): X Debra Black	Inspected by (*name and title printed*): Dale Carr. FSTO / Kyle Kellogg
Received by (*signature*): X Debra Black	Inspected by (*signature*): [signature] FSTO / [signature]

cc:	cc:	cc: