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*) 9-11-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 1190 W. 463 S. Hartford City, IN 47348			
Owner Debra BLack	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) Matthews	**Follow-up** —	**Release Date** —
Owner's Address Same		**Summary of Violations:** C ✓ NC ✓ R ✓	
Person in Charge Debra Black			
Responsible Person's E-mail joyblack2001@yahoo.com		**Menu Type** (*See back of page*) 1 ___ 2 X 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
295	NC		outside of microwave soiled	
298	NC		Inside microwave soiled w/ food debris	

Received by (*name and title printed*): Debra Black	Inspected by (*name and title printed*): DCAN Smith PSI
Received by (*signature*): Debra Black	Inspected by (*signature*): [signature] PSI

cc:	cc:	cc: