



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: IRDS CONCESSIONS SAUSAGE; Telephone Number: 813 625 3782; Date of Inspection: 6-18-19; ID #: 27; Owner: Joshua Macaroni / Amanda Stone; Person in Charge: ANAELA HOLCOMB; Certified Food Handler: NEED TANYA REED; Purpose: HACCP (circled); Menu Type: 1 2 3X 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. Narrative contains 'OK TO OPEN' and '- CONCERN 3 SMALL DEEP FRYERS FOR FRIES AND CORNDOGS NOT UNDER HOOD BUT HAS EXTINGUISHER *'

Received by (name and title printed): ANAELA HOLCOMB; Inspected by (name and title printed): R Dale Carr - FSDO; Received by (signature): ANAELA HOLCOMB; Inspected by (signature): R Dale Carr - FSDO