



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: Jessop's Concessions. Telephone Number: ( ) Establishment. Date of Inspection: 9-24-27. ID #: 27. Owner: Pam Jessop. Purpose: 1. Routine. Follow-up: (checkmark). Release Date: (checkmark). Summary of Violations: C (checkmark) NC (checkmark) R (checkmark). Menu Type: 1 (checkmark) 2 (checkmark) 3 (checkmark) 4 (checkmark) 5 (checkmark). Certified Food Handler: Pam Jessop.

- 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 handwritten text: 'No Violations'.

Received by (name and title printed): Jeffrey Cunningham. Inspected by (name and title printed): Scott Hendel. Received by (signature): [Signature]. Inspected by (signature): [Signature]. cc: