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 L.T. Concessions	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/24/21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2854 S. 300 W. Marion, IN 46953			
Owner Robert Monroe	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Robert Monroe	4. Pre-Operational 5. Temporary	**Menu Type** *(See back of page)*	
Responsible Person's E-mail	6. HACCP	1 2 3 4 5	
Certified Food Handler Robert Monroe	7. Other *(list)* Ismer Dean		

- **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 Time	

Received by (*name and title printed*): J. Monroe	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*): Joan Monroe	Inspected by (*signature*):
cc:	cc:

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Establishment Name L T. Concessions #2	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/24/21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2854 S. 300 W. Marion, IN 46953			
Owner Robert Monroe	**Purpose:** 1. Routine	**Follow-up** N/A	**Release Date** N/A
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Robert Monroe	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)* 1___ 2___ 3✓ 4___ 5___	
Certified Food Handler Robert Monroe	7. Other *(list)* James Dean		

- 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 time	

Received by *(name and title printed)*: Joan L. Monroe Co-owner	Inspected by *(name and title printed)*: Kyle Kellogg
Received by *(signature)*: Joan L. Monroe	Inspected by *(signature)*:

cc:	cc:	cc: