



**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 <b>LT CONCESSIONS</b>	Telephone Number ( ) Establishment <b>765-661-5548</b> ( ) Owner	Date of Inspection (mm/dd/yr) <b>7-8-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2854 S. 300 W. Marion, IN 46953</b>	Owner <b>Robert Monroe</b>	Follow-up <u>    </u>	Release Date <u>    </u>
Owner's Address <b>Same</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>4-H Fair</b>	Summary of Violations: <b>C <u>    </u> NC <u>    </u> R <u>    </u></b>	
Person in Charge <b>Joanie Monroe</b>	Responsible Person's E-mail	Menu Type (See back of page) <b>1 <u>    </u> 2 <u>    </u> 3 <u>X</u> 4 <u>    </u> 5 <u>    </u></b>	
Certified Food Handler <b>Joanie Monroe</b>			

- 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
			<b>no violations on this inspection</b>	

Received by (name and title printed): <b>Joan L. Monroe</b>	Inspected by (name and title printed): <b>Scott Kendall</b>
Received by (signature): <i>Joan L. Monroe</i>	Inspected by (signature): <i>Scott Kendall FSI</i>
cc:	cc: