



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

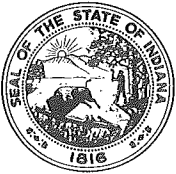
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Form with fields: Establishment Name (LT CONCESSIONS #1), Telephone Number (765-661-5548), Date of Inspection (6-14-21), ID # (R7), Establishment Address (2854 S. 300 W. Marion, IN 46953), Owner (Robert Monroe), Purpose (1. Routine), Follow-up (none), Release Date (10 days), Summary of Violations (C- NC- R-), Menu Type (1 X 2 3 4 5), Certified Food Handler (Joanie Monroe).

- 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/N/C, R, Narrative, To Be Corrected By. Contains handwritten text 'No violations -' in the Narrative column.

Form with fields: Received by (Joan L. Monroe), Inspected by (Debra Smith), Received by (signature), Inspected by (signature), cc: fields.



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INSPECTION REPORT

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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 LT Concessions, INC. #2	Telephone Number (765) 661-5548 () Owner	Date of Inspection (mm/dd/yr) 6-14-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2854 S. 300 W. Marion, IN 46953		Follow-up No	Release Date 16 days
Owner Robert & Joanie Monroe	Purpose: 1. Routine	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Owner's Address Same	2. Follow-up	Menu Type (See back of page)	
Person in Charge Joanie Monroe - Courtney	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail RRmonroe@live.com	4. Pre-Operational		
Certified Food Handler Robert & Joanie Monroe	5. Temporary		
	6. HACCP		
	7. Other (list) Grant Co. 4-h		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations	

Received by (name and title printed): Courtney	Inspected by (name and title printed): Scott Kikendall
Received by (signature): Courtney Freeman	Inspected by (signature): Scott Kikendall 5/10
cc:	cc:



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2021

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: LT Concessions, Inc. #4 Beef Station; Telephone Number: 765-661-5545; Date of Inspection: 6-14-21; ID #: 27; Owner: Robert & Joan Monroe; Purpose: 1. Routine; Follow-up: 10 days; Summary of Violations: C NC R; Menu Type: 1 2 3 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'NO VIOLATIONS AT THE INSPECTION'

Received by (name and title printed): Kenna Fordyce; Inspected by (name and title printed): Dean Small; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]