



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: LT Concessions #1 - Lemon Shake UP. Telephone Number: (765) 661-9945. Date of Inspection: 9-27-19. ID #: 27. Owner: Robert & Joan Monroe. Purpose: HACCP. Summary of Violations: C NC R. Menu Type: 1 2 3 4 5. Certified Food Handler: Robert & Joan 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'OK to sell RRM' in the Narrative column.

Received by (name and title printed): Inspected by (name and title printed): DEAN STANLEY FST. Received by (signature): Inspected by (signature): Dean Stanley FST. cc: cc: cc:



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Form with fields: Establishment Name (LT Concessions #2), Telephone Number (765-661-5545), Date of Inspection (9/27/19), ID # (27), Establishment Address (2854 S. 300 W. Marion, IN 46953), Owner (Robert & Joan Monroe), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) Jame Dean Park), Follow-up, Release Date, Summary of Violations (C __ NC __ R __), Menu Type (See back of page), Responsible Person's E-mail (RRMonroe@live.com), Certified Food Handler (Robert & Joan 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Narrative: No violation at this time.

Received by (name and title printed): Denise Beck; Inspected by (name and title printed): Kyle Kellogg; Received by (signature): Denise Beck; Inspected by (signature): Kyle Kellogg

cc: (empty)



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Form with fields: Establishment Name (LT Concessions, Inc. #3), Telephone Number (765-661-5545), Date of Inspection (9-27-19), ID # (27), Owner (Robert & Joan Monroe), Purpose (6. HACCP), Follow-up (checked), Release Date, Summary of Violations (C __ NC __ R __), Menu Type (1 __ 2 __ 3 __ 4 __ 5), Certified Food Handler (Robert & Joan 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten notes: 'Whole PS', 'OK to sell', and 'R.R.M.'.

Received by (name and title printed): Inspected by (name and title printed): Received by (signature): Inspected by (signature): cc: fields.