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 , INC. # 2	**Telephone Number** ( ) Establishment 765-661-5548 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7-3-20	**ID #** 07
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 & Joanie Monroe	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail RRmonroe@live.com	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 3 X 4 5	
Certified Food Handler Robert Monroe & Joanie Monroe	4th. Gas City		

- **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 ON THIS INSPECTION	

Received by (*name and title printed*): Josu L. Monroe co-owner	Inspected by (*name and title printed*): Scott Kilendall FSO
Received by (*signature*): Joan L. Monroe	Inspected by (*signature*): Scott Kilendall FSO

cc:	cc:	cc: