



**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 I.T Concessions, Inc. #2		Telephone Number (765) 661-5545		Date of Inspection (mm/dd/yr) 6-17-19	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 2854 S. 300 W Marion, IN 46953		() Owner				
Owner Robert & Joan Monroe		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 4h fair		Follow-up	Release Date	
Owner's Address Same				Summary of Violations: C___ NC___ R___		
Person in Charge Same				Menu Type (See back of page)		
Responsible Person's E-mail RRMonroe@live.com				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"

Section#	C/NC	R	Narrative	To Be Corrected By
			OK to safe	

Received by (name and title printed): Joan L. Monroe	Inspected by (name and title printed): Dean Small FSTJ
Received by (signature): <i>Joan L. Monroe</i>	Inspected by (signature): <i>Dean Small FSTJ</i>
cc:	cc: