



**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. #3	Telephone Number ( ) Establishment 765-661-5545 ( ) Owner	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 Robert & Joan Monroe	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 4-h Fair	Follow-up	Release Date
Owner's Address Same		Summary of Violations:  C ___ NC ___ R ___	
Person in Charge Robert & Joan Monroe		Menu Type (See back of page)  1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
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"

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

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