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 Lee's S &T Concessions #1	**Telephone Number** ( ) Establishment 765-677-0311 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7-3-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3923 S. Wisconsin St. Marion, IN 46953			
Owner Dorian Lee & Terry Randolph	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** ~~10~~
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C__ NC 1 R__	
Person in Charge Same	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail TRand78331@aol.com	6. HACCP 7. ~~Other (list)~~ Gas City 4th	**Menu Type** *(See back of page)* 1__ 2__ 3 X 4__ 5__	
Certified Food Handler Dorian Lee & Terry Randolph	~~Not Done~~		

- 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
301	NC		Sanitizer bucket with soiled water	Corrected

Received by (*name and title printed*): Dorian Lee

Received by (*signature*):

Inspected by (*name and title printed*): Scott Kikendall / Dem Small BSE

Inspected by (*signature*): Scott Kikendall / Dem Small BSE

cc:

cc:

cc: