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 #2	**Telephone Number** ( ) Establishment 765-603-7855 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 6-8-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3923 S. Wisconsin Marion, IN 46953			
Owner Terry Lee & Dorian Lee	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* Strawberry Fest	**Follow-up**	**Release Date** 6-8-19
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Dorian Lee & Terry Randolph		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Responsible Person's E-mail TRand78331@aol.com			
Certified Food Handler Tery Randolph & Dorian Lee			

- 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 open	
			NO Violations at this	
			Inspection	

Received by *(name and title printed)*:
x Betty Smith

Inspected by *(name and title printed)*:
Blake Carr - FSD

Received by *(signature)*:
x Betty Smith

Inspected by *(signature)*:
BCarr - FSD

cc: | cc: | cc: