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 765-517-0311 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9-3-19	**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**	**Release Date** 5-13-19
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC 1 R 0	
Person in Charge Dorian Lee & Terry Randolph	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail TRand78331@aol.com	6. ~~HACCP~~ 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Certified Food Handler Dorian Lee & Terry Randolph 11/16/22	~~First Fridays~~		

- **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
294	C		SANITIZER MEASURED 0 ppm instead of 100 ppm AS REQUIRED BY CODE	TODAY
291	NC		NEED TEST STRIPS FOR Bleach	

Received by *(name and title printed)*: X	Inspected by *(name and title printed)*: RobCan - FSD
Received by *(signature)*: X Dorian Lee	Inspected by *(signature)*: FSD
cc:	cc:
	cc: