



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

*BRIDGES*

**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.

<b>Establishment Name</b> Lee's S & T Concessions #1		<b>Telephone Number</b> ( ) Establishment 765-677-0311		<b>Date of Inspection</b> (mm/dd/yr) 9/7/19		<b>ID #</b>	
<b>Establishment Address</b> (number and street, city, state, ZIP code) 3923 S. Wisconsin St. Marion, IN 46953		( ) Owner					
<b>Owner</b> Dorian Lee & Terry Randolph		<b>Purpose:</b>		<b>Follow-up</b>		<b>Release Date</b>	
<b>Owner's Address</b> Same		1. Routine		<b>Summary of Violations:</b>  C ___ NC <u>3</u> R ___			
<b>Person in Charge</b> Same		2. Follow-up					
<b>Responsible Person's E-mail</b> TRand78331@aol.com		3. Complaint		<b>Menu Type</b> (See back of page)  1 ___ 2 ___ 3 ___ 4 ___ 5 ___			
<b>Certified Food Handler</b> Dorian Lee & Terry Randolph		4. Pre-Operational					
		5. Temporary					
		6. HACCP					
		7. Other (list)					
		Matthews					
		Covered					

- 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
	NC		Lemons on floor of truck. Must Be 6 inches off floor	
	NC		Thermometers missing in coolers / Freezers	
	NC		Fan is dirty blowing onto food possibly contaminating it.	

<b>Received by</b> (name and title printed): John Walters		<b>Inspected by</b> (name and title printed): Kyle Kellogg	
<b>Received by</b> (signature): <i>John Walters</i>		<b>Inspected by</b> (signature): <i>[Signature]</i>	
cc:		cc:	