



**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) 8/1/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3923 S. Wisconsin Street Marion, IN 46952	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) VIB	Follow-up	Release Date
Owner Dorian Lee Terry Randolph		Summary of Violations: C ___ NC ___ R ___	
Owner's Address Same		Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Person in Charge Dorian Lee & Terry Randolph			
Responsible Person's E-mail TRand78331@aol.com			
Certified Food Handler Dorian Lee & Terry Randolph			

- 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
295	C		^{Plastic} Plastic cup holding to go straw ^{cup} is sorted in bottom with clean plastic ware hood vent above grill needs cleaned	

Received by (name and title printed): <i>Terry Randolph</i>	Inspected by (name and title printed): <i>Debra Smith FST</i>
Received by (signature): <i>Terry Randolph</i>	Inspected by (signature): <i>Debra Smith FST</i>
cc:	cc: