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** (765) 677-0311 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/4/19	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 3923 S. Wisconsin Street Marion, IN 46952			
Owner Dorian Lee & Terry Randolph	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Same	4. Pre-Operational 5. Temporary	C____ NC____ R____	
Responsible Person's E-mail TRand78331 @aol.com	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Same	7. Other *(list)* Matthews C. Bridge	1 2 3 4 5	

- 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
			No violations At this Time	

Received by (*name and title printed*): Terry Randolph	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*): 3923 S. Wisconsin	Inspected by (*signature*):
cc:	cc: / cc: