



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.

Form with fields: Establishment Name (Lee's S & T Concessions), Telephone Number (765-9677-0311), Date of Inspection (8-6-20), ID # (27), Establishment Address (3923 S. Wisconsin St. Marion, IN 46953), Owner (Dorran Lee), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (Same), Person in Charge (Dorran Lee), Responsible Person's E-mail (TRand78331@aol.com), Certified Food Handler (Dorian Lee), Menu Type (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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: NO VIOLATIONS ON THIS INSPECTION

Received by (name and title printed): Dorian Lee; Inspected by (name and title printed): Scott Kikensoll; Received by (signature); Inspected by (signature): Scott Kikensoll JSO; cc: fields.