



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

TRANT COUNTY HEALTH DEPARTMENT
107 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		Telephone Number (765) Establishment 677-0311 () Owner	Date of Inspection (mm/dd/yr) 7-3-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3923 S. Wisconsin Ave. Marion, IN 46953		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 4th Gas City	Follow-up —	Release Date 10 days
Owner Dorian Lee			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
			— NO VIOLATIONS —	

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