



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Bridge

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 S7 T Concessions), Telephone Number (765-677-0311), Date of Inspection (2/11/20), ID # (27), Owner (Dorian Lee), Purpose (1. Routine), 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations at this time'.

Received by (name and title printed): Betty Smith
Inspected by (name and title printed): Kyle Kellogg
Received by (signature): Betty Smith
Inspected by (signature): Kyle Kellogg