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 R. P. Concessions	**Telephone Number** ( ) Establishment 386-233-2816 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/11/20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 5171 Indian Mound St. Sarasota, FL 34232			
Owner Robert Poole	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC✓1 R___	
Person in Charge Robert Poole	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)* ~~Matthews~~	**Menu Type** *(See back of page)* 1___2✓3___4___5___	
Certified Food Handler Ilisha Poole			

- **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
	NC		Debris on Fans Blowing on Food	

Received by *(name and title printed)*: Ilisha Poole	Inspected by *(name and title printed)*: Kyle Kelley
Received by *(signature)*: I. Poole	Inspected by *(signature)*: Kyle Kelley

cc:	cc:	cc: