



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 (RP Concessions), Telephone Number, Date of Inspection (9-10-21), ID # (27), Establishment Address (11160 - S. 990 E. Upland, IN 46989), Owner (Robert Poole), Purpose (7. Other (list) Matthews), Follow-up, Release Date (10 days), Summary of Violations (C - NC - R), 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. Row 1: 138, NC, No hand. resturant - Must have when cooking or prep.

Received by (name and title printed): BOB EAT DOOR Inspected by (name and title printed): Dawn Smith ESTD
Received by (signature): [Signature] Inspected by (signature): [Signature]