



**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 ROCK CONCESSION <i>th</i>	Telephone Number () Establishment 765-674-5295	Date of Inspection (mm/dd/yr) 5-7-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 805 S. Broadway Gas City, IN 46933	() Owner		
Owner Sandy Rock	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) First Friday	Follow-up NO	Release Date 10 days
Owner's Address Same		Summary of Violations: C ___ NC ___ R ___	
Person in Charge Sandy Rock		Menu Type (See back of page) 1 ___ 2 ___ 3 X 4 ___ 5 ___	
Responsible Person's E-mail outdoorusa2@indy.rr.com			
Certified Food Handler Sandy Rock			

- 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): Sandra Rock	Inspected by (name and title printed): Scott Kikendall
Received by (signature): <i>Sandra Rock</i>	Inspected by (signature): <i>Scott Kikendall</i>
cc:	cc: