



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 (Rock Concessions #2), Telephone Number (765-667-2335), Date of Inspection (9-25-20), ID # (29), Establishment Address (805 S. Broadway Gas City, IN 46933), Owner (Sandy Rock), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (Same), Person in Charge (Sandy Rock), Responsible Person's E-mail (outdoorusa2@indy.rr.com), Certified Food Handler (Sandy Rock), Summary of Violations (C NC R), Menu Type (1 2 X 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'No Violations' in the Narrative column.

Received by (name and title printed): Cynthia A. Horn; Inspected by (name and title printed): Scott K. Kendall; Received by (signature): Cynthia A. Horn; Inspected by (signature): Scott Kendall #510; cc: fields.



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Form with fields: Establishment Name (Rock Concessions #3), Telephone Number (765-674-5295), Date of Inspection (9-25-00), ID # (27), Owner (Sandy Rock), Purpose (1. Routine), Follow-up (NO), Release Date (6 days), Summary of Violations (C NC R), Menu Type (1 2 3 4 5), Certified Food Handler (Sandy Rock), Responsible Person's E-mail (outdoorusa2@indy.rr.com).

- 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'.

Signature lines: Received by (name and title printed): [Signature] - CEO; Inspected by (name and title printed): Scott Kendall; Received by (signature): [Signature]; Inspected by (signature): [Signature]

cc: [] cc: [] cc: []