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 CONCESSIONS #1	**Telephone Number** ( ) Establishment 765-667-2335 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8-6-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 805 S. Broadway Gas City, IN 46933			
Owner Sandy Rock	**Purpose:** 1. Routine	**Follow-up** 10	**Release Date** days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C__ NC__ R__	
Person in Charge Sandy Rock	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail outdoorusa2@indy.rr.com	6. HACCP 7. Other (*list*) ~~Van Buren~~	**Menu Type** *(See back of page)* 1___2___3___4___5___	
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 on this inspection	

Received by (*name and title printed*): Sandy Rock

Received by (*signature*): Sandy Rock

Inspected by (*name and title printed*): Scott Kikendall

Inspected by (*signature*): Scott Kikendall FSO

cc: | cc: | cc: