



**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 #1	Telephone Number (765-867-2335) Establishment () Owner	Date of Inspection (mm/dd/yr) 9/10/2021	ID # 27
Establishment Address (number and street, city, state, ZIP code) 805 S. Broadway Gas City, IN 46933		Follow-up	Release Date
Owner Sandy Rock	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C NC R	
Owner's Address Same		Menu Type (See back of page) 1 2 3 ✓ 4 5	
Person in Charge Sandy Rock			
Responsible Person's E-mail outdoorusa2@indy.rr.com			
Certified Food Handler Sandy Rock	Matthews		

- 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 at this time	

Received by (name and title printed): Sandy Rock	Inspected by (name and title printed): Kyle Kellogg
Received by (signature): Sandy Rock	Inspected by (signature): [Signature]
cc:	cc:



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Establishment Name Rock concession	Telephone Number <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	Date of Inspection (mm/dd/yr) 9/10/2021	ID # 27
Establishment Address (number and street, city, state, ZIP code) 805 S. Broadway Gas city IN, 46933			
Owner Sandy Kock	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input type="checkbox"/>	Release Date
Owner's Address same	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge Sandy Kock			
Responsible Person's E-mail N/A	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler Sandy Kock			

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- 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 at this time	

Received by (name and title printed): Bryan Thomas	Inspected by (name and title printed): Kyle Kellogg
Received by (signature): 	Inspected by (signature):

cc:	cc:	cc:
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