

RETAIL FOOD ESTABLISHMENT

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 parrative portion of this report

The time limi	it for corre	Ction o	caen	101441011	10 op			- F			William .		
Establishmen	t Name			1 .						Telephone Number	Date of In (mm/dd/yr		ID#
Rock C	loncess	ion	t	‡ /						(765) Establishment 5		,	ľ
Rock Concession										() Owner	1.	1.01	177
805 S.	Broad	way	Gas	City	, IN 4	6933					9/10	1202	メ /
Owner	- Constant				· · · · · · · · · · · · · · · · · · ·					Purpose:	Follow-u	p Relea	se Date
Sandy	Rôck									1. Routine	1 ' 1		
										2. Follow-up	Summary of Violations:		
Owner's Address Same											Summary of Violations.		
Damas in Change										3. Complaint		NC-	
Person in Charge										4. Pre-Operational			
Sandy Rock										5. Temporary	Menu Ty	pe (See bac	rk of page)
Responsible Person's E-mail outdoorusa2@indy.rr.com										6. HACCP	intend 1.	pe (See Suc	, , , , , , , , , , , , , , , , , ,
			· II.	Com						7. Other (list)	1 2	21/	/
Certified Foo		ŗ							إ	Matthews	√¹ ——²	3 <u>_v</u> _	_45
Sandy	ROCK									11/WW Dead			
• CRITICAL I	ITEMS ARE	E IDENT	TIFIED	IN THE	CHECKLI	ST AND	NARRATI	IVE COL	UMNS M	ARKED"C"			
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Section#	C/NC	R	./	. I J	_	4.1	JI.C	Narra	tive n			TOBCC	offeeted by
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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.

Establishm				Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#
Rock	- CON	CCG	551011	() Establishment	(//////////////////////////////////////		ļ
Establishme	ent Addres	s (nun	mber and street, city, state, ZIP code)	() Owner	l / /	_	27
805	S. 1	Ž,	eaduray GAS city IN 46433	() 0 11101	ahrdau	ココー	メ /
Owner		110	samery 1917 City Sir, rung/	Purpose:	Follow-up	Releas	se Date
Sandel	y Roza	11	′ ′	_	I rono,-ap	Keicas	ie Daic
		<u>/</u>		1. Routine			
Owner's Ad				2. Follow-up	Summary of Violations:		
SAM				3. Complaint			
Person in C	harge /	11		4. Pre-Operational	rational CNCR		
9ano	ly Ko		_				
Responsible			il	5. Temporary	Menu Type (See back of page)		
				6. HACCP			/
Certified Fo	ood Hamille	r ,		7. Other (list)	Other (list) 1 2 3 1 4 5		
Saul	111	1216					
							XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MA	ARKED "C"			
• VIOLATIO	ON(S) REPE.	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MARY OF VIOLATIONS" AN	ID IN THE NA	RRATIVE	BELOW AS "R"

Section#	C/NC	R	Narrative	t .		To Be Co	orrected By
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