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

Received by (*name and title printed*): Ryan Thomas	Inspected by (*name and title printed*): Dean Smith FS10
Received by (*signature*): Ryan Thomas	Inspected by (*signature*): [signature] FS10
cc:	cc: cc: