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 ROCKS CONCESSIONS #1	**Telephone Number** 765-667-2335 ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-11-20	**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** NO	**Release Date** 100045
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*) ~~Matthews~~ Covered	**Menu Type** (*See back of page*) 1___ 2X 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*): Ryan Thomas	Inspected by (*name and title printed*): Scott Likenfall
Received by (*signature*): Ryan Thomas	Inspected by (*signature*): Scott Likenfall FSO
cc:	cc:
cc:	

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Establishment Name Rock Concessions #2	**Telephone Number** ( ) Establishment 765-667-2335 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-11-20	**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** NO	**Release Date** 10 days
Owner's Address Same	2. ~~Follow-up~~	**Summary of Violations:**	
Person in Charge Sandy Rock	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail outdoorusa2@Indy.rr.com	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler Sandy Rock	5. Temporary	1___ 2 X 3___ 4___ 5___	
	6. HACCP		
	7. Other (*list*) 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 on this inspection	

Received by (*name and title printed*): Taylor Watson

Received by (*signature*): Taylor Watson

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

Inspected by (*signature*): Scott Kendall FS10

cc: | cc: | cc: