



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 N Concessions #1	Telephone Number (765) 679-4876	Date of Inspection (mm/dd/yr) 7-11-28	ID # 27
Establishment Address (number and street, city, state, ZIP code) 801 S. Broadway Street Gas City, IN 46933	() Owner		
Owner Cathy Losure	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 4th Gas City Fair market	Follow-up NO	Release Date 10 days
Owner's Address Same		Summary of Violations: C ___ NC ___ R ___	
Person in Charge Cathy Losure		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail Cathylosure@aol.com			
Certified Food Handler Cathy Losure			

- 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): CATHY LOSURE	Inspected by (name and title printed): Scott K. Kerdal (FSO)
Received by (signature): Cathy Losure	Inspected by (signature): Scott Kerdal FSO
cc:	cc: