



**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.

<b>Establishment Name</b> Rock N Concessions #1 Red	<b>Telephone Number</b> ( 765 ) Establishment 873-4875	<b>Date of Inspection</b> (mm/dd/yr) 6-4-19	<b>ID #</b> 27
<b>Establishment Address</b> (number and street, city, state, ZIP code) 801 S. Broadway St. Gas City, IN 46933	( ) Owner		
<b>Owner</b> Cathy Losure	<b>Purpose:</b> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Concerts in Park	<b>Follow-up</b> No	<b>Release Date</b> 6-14-19
<b>Owner's Address</b> Same		<b>Summary of Violations:</b> C ___ NC ___ R ___	
<b>Person in Charge</b> Cathy Losure		<b>Menu Type</b> (See back of page) 1 ___ 2 X 3 ___ 4 ___ 5 ___	
<b>Responsible Person's E-mail</b> cathylosure@aol.com			
<b>Certified Food Handler</b> 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
			OK to open	
			No violations at this inspection	

<b>Received by (name and title printed):</b> x Cathy Losure	<b>Inspected by (name and title printed):</b> R Jake Carr - FSID
<b>Received by (signature):</b> <i>Cathy Losure</i>	<b>Inspected by (signature):</b> <i>R Jake Carr</i>
cc:	cc: