



**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 <b>Rock N Concessions #2 Red</b>	Telephone Number <b>(765-673-4875)</b> <small>( ) Establishment ( ) Owner</small>	Date of Inspection <small>(mm/dd/yr)</small> <b>7-11-20</b>	ID # <b>27</b>
Establishment Address <small>(number and street, city, state, ZIP code)</small> <b>801 S. Broadway Street Gas City, IN 46933</b>		Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Cathy Losure</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>4th Gas City Hickman</b>	Summary of Violations:  <b><input checked="" type="checkbox"/> C    <input type="checkbox"/> NC    <input type="checkbox"/> R</b>	
Owner's Address <b>Same</b>			
Person in Charge <b>Cathy Losure</b>		Menu Type <small>(See back of page)</small> <b>1    2 <input checked="" type="checkbox"/>    3    4    5</b>	
Responsible Person's E-mail <b>Cathylosure@aol.com</b>		Certified Food Handler <b>Cathy Losure</b>	

- 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
			<b>No violations on this inspection</b>	

Received by (name and title printed): <b>CATHY LOSURE</b>	Inspected by (name and title printed): <b>Scott K. Kendra II</b>
Received by (signature): <i>Cathy Losure</i>	Inspected by (signature): <i>Scott K. Kendra II</i>
cc:	cc: