



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.

Form with fields: Establishment Name (ROCK N CONCESSIONS #1 Red), Telephone Number (765-673-4875), Date of Inspection (9-26-19), ID # (27), Owner (Cathy Losure), Purpose (1. Routine), Follow-up (No), Summary of Violations (C ___ NC ___ R ___), Menu Type (1 ___ 2 ___ 3 ___ 4 ___ 5 ___), 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'OK to Sell' in the Narrative column.

Form with fields: Received by (name and title printed): RUTH PEARCE, Inspected by (name and title printed): Dean Smith FST, Received by (signature): Ruth Pearce, Inspected by (signature): Dean Smith FST, cc: