



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 #2 Red), Telephone Number ((765) 673-4875), Date of Inspection (8/14/21), ID # (27), Establishment Address (801 S. Broadway Street Gas City, IN 46933), Owner (Cathy Losure), Purpose (1. Routine), Follow-up (No), Release Date (today), Owner's Address (Same), Person in Charge (Cathy Losure), Responsible Person's E-mail (Cathylosure@aol.com), Certified Food Handler (Cathy Losure), Summary of Violations (C NC R), Menu Type (1 2 3 4 5).

- 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 'OK' in the Narrative column.

Received by (name and title printed): CATHY LOSURE
Received by (signature): Cathy Losure
Inspected by (name and title printed): Dean Smith
Inspected by (signature): Dean Smith
cc: (empty)