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: Rocks Concession	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 9-26-19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): —			
Owner: Sandy Rock	**Purpose**: 1. Routine (S) ~~2. Follow-up~~ 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up**	**Release Date**
Owner's Address: —		**Summary of Violations**: C____ NC____ R____	
Person in Charge			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___2___3___4___5___	
Certified Food Handler: Sandy Rock			

- 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
	—		Hats / hairnets must be worn	TO Imp
	—		Sanitizer tested 0 ppm when tested	Correct

Received by (*name and title printed*): Deb Cassidy
Received by (*signature*): Debra Cassidy

Inspected by (*name and title printed*): Dean Smith FSP
Inspected by (*signature*): Dean Smith FSP

cc: | cc: | cc:

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Establishment Name Rocks Concession 2	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-24-19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*)			
Owner Sandy Rock	**Purpose:** 1. Routine	**Follow-up** NV	**Release Date** —
Owner's Address	2. Follow-up	**Summary of Violations:**	
Person in Charge Lamar H	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail —	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler Sandy Rock	5. Temporary	1___ 2___ 3___ 4___ 5___	
	6. HACCP		
	7. Other (*list*) ___		

- 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 Start	

Received by (*name and title printed*): LaMar Horn - President	Inspected by (*name and title printed*): Deborah Smith RS
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
cc:	cc: