



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 (ROCKS Concessions #2), Telephone Number (765-667-2335), Date of Inspection (9-24-20), ID # (27), Establishment Address (805 S. Braodway Gas City, IN 46933), Owner (Sandy Rock), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 2 3 4 5), Responsible Person's E-mail (outdoorusa2@indy.rr.com), 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'NO VIOLATIONS ON THIS INSPECTION'

Received by (name and title printed): Kelly Rock
Inspected by (name and title printed): [Signature]
Received by (signature): Kelly Rock
Inspected by (signature): [Signature]

