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 Concessions #1	**Telephone Number** ( ) Establishment 765-667-2335 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4/23/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 805 S. Braodway Gas City, IN 46933			
Owner Sandy ROck	**Purpose:** 1. Routine	**Follow-up** ND	**Release Date** 4-23-19
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Sandy Rock	4. Pre-Operational 5. Temporary	C___ NC___ R___	
Responsible Person's E-mail outdoorusa2@indy.rr.com	6. HACCP 7. Other *(list)* Gatton Cow	**Menu Type** *(See back of page)* 1 X 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
138	NC		employee preparing food no Beard guard	today

Received by (*name and title printed*): Sandra Rock

Received by (*signature*): Sandra Rock

Inspected by (*name and title printed*): Dale Carr - FSD

Inspected by (*signature*): FSD

cc: | cc: | cc: