RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

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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 Rock Concession #1	**Telephone Number** ( ) Establishment 765-667-2335 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9/6/19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 805 S. Broadway Gas City, IN 46933			
Owner Sandy Rock	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCR 7. Other (*list*) ~~Van Buren~~ MATTHEWS Upland	**Follow-up**	**Release Date**
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Sandy Rock			
Responsible Person's E-mail outdoorusa2@indy.rr.com		**Menu Type** (*See back of page*) 1___ 2 X 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
			No Violations at this Inspection	

Received by (*name and title printed*): SANDY ROCK	Inspected by (*name and title printed*): R Dale Cun - FSIO
Received by (*signature*): Sandy Rock	Inspected by (*signature*): R Dale Cun - FSIO
cc:	cc:	cc:

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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: Rock Concession #2	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 9/6/19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 8055 Broadway Gas City	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. ~~HACCP~~ 7. Other (*list*) matthew bridge	**Follow-up**	**Release Date**
Owner: Sandy Rock		**Summary of Violations:** C___ NC___ R___	
Owner's Address: Same			
Person in Charge		**Menu Type** (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Responsible Person's E-mail: N/A			
Certified Food Handler: Sandy			

- 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
			No Violations at this Inspection	

Received by (*name and title printed*): X Sandy Rock

Received by (*signature*): X Sandy Rock

Inspected by (*name and title printed*): Matthew Bridge - FSD

Inspected by (*signature*): Matthew Bridge FSD

cc: | cc: | cc: