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 ROCK CONCESSION #1	**Telephone Number** ( ) Establishment 765-667-2335 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7-3-20	**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. HACCP 7. Other *(list)* 4th G.L	**Follow-up** / **Release Date**	
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Same		**Menu Type** *(See back of page)* 1___ 2___ 3_X_ 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"**

Section#	C/NC	R	Narrative	To Be Corrected By
			CDC Guidelines Must Wear Mask When Serving Food	
			No Violations on this Inspection	

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

Received by (*signature*): Sandra Rock

Inspected by (*name and title printed*): Scott Likendall

Inspected by (*signature*): Scott Likendall-510

cc: | cc: | cc: