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 #2	**Telephone Number** ( ) Establishment 765-667-2335 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 5-3-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 805 S. Broadway Gas City, IN 46933			
Owner Sandy Rock	**Purpose:** 1. ~~Routine~~	**Follow-up** ~	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC ~ R ~	
Person in Charge Same	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail outdoorusa2@Indy.rr.com	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler Sandy Rock	~~First Friday~~		

- **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
295	C		Metal tongs stored as clean - however soiled w/ grease & other dried food	10 days

Received by *(name and title printed)*: Sandy Rock	Inspected by *(name and title printed)*: Drew Small - RSFO
Received by *(signature)*: Sandy Rock	Inspected by *(signature)*: Drew Small RSFO
cc:	cc:
	cc: