



**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 <b>Rock Concessions #2</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>7/5/21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code)		Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Sandy</b>	Purpose: <b>1. Routine</b>	Summary of Violations:  <b>C</b> <u>NC</u> <u>R</u>	
Owner's Address	2. Follow-up		
Person in Charge <b>Ryan</b>	3. Complaint	Menu Type (See back of page) <b>1</b> <u>2</u> <b>X</b> <u>3</u> <u>4</u> <u>5</u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Sandy</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
			<b>NO VIOLATIONS</b>	

Received by (name and title printed): <b>Ryan Thomas</b>	Inspected by (name and title printed): <b>Scott Kikendall</b>
Received by (signature): <i>Ryan Thomas</i>	Inspected by (signature): <i>Scott Kikendall FS10</i>
cc:	cc:
cc:	cc: