



# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

GRANT COUNTY HEALTH DEPARTMENT  
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 S & T Concessions #1	Telephone Number (765) 677-0311	Date of Inspection (mm/dd/yr) 6.17.19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3923 S. Wisconsin Marion, IN 46953	( ) Owner	Follow-up	Release Date
Owner Terry Randolph	Purpose:	Summary of Violations:	
Owner's Address Same	1. Routine	C___ NC___ R___	
Person in Charge Same	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail	3. Complaint	1___ 2___ 3___ 4___ 5___	
Certified Food Handler	4. Pre-Operational		
Dorian Lee & Terry Randolph	5. Temporary		
	6. HACCP		
	7. Other (list) 4-H Fair		

• 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
			OK to sale	

Received by (name and title printed): John Walters	Inspected by (name and title printed): Dean Smith FSTO
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> FSTO
cc:	cc: