



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 S & V Concessions		Telephone Number (317) Establishment (317-363-7591) () Owner	Date of Inspection (mm/dd/yr) 8-5-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1738 Hawthorne Road Indianapolis, IN 46203		Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) VAMBLUM	Follow-up NO	Release Date 10 days
Owner Michael Vogel/ Ryan Shrader			Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Owner's Address Same			Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in Charge Michael Vogel				
Responsible Person's E-mail svmeals@comcast.net				
Certified Food Handler Michael Vogel				
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>				
Section#	C/NC	R	Narrative	To Be Corrected By
			NO VIOLATIONS	
Received by (name and title printed): Michael R Vogel			Inspected by (name and title printed): Scott Kewell	
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>	
cc:		cc:		cc: