



**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 <hr/> Establishment Address (number and street, city, state, ZIP code) 1738 S. Hawthorne Lane Indianapolis, IN 46203 <hr/> Owner Michael Vogel & Ryan Schröder <hr/> Owner's Address Same <hr/> Person in Charge Michael Vogel & Ryan Schröder <hr/> Responsible Person's E-mail <hr/> Certified Food Handler Michael Vogel	Telephone Number () Establishment () Owner <hr/> Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) _____ Matthew	Date of Inspection (mm/dd/yr) 9-18-21 <hr/> Follow-up no <hr/> Release Date 10 days <hr/> Summary of Violations: C ___ NC ___ R ___ <hr/> Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	ID # 27
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- 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/C	R	Narrative	To Be Corrected By
			no violations	

Received by (name and title printed): Received by (signature): 	Inspected by (name and title printed): Scott L Kendall <hr/> Inspected by (signature):
cc:	cc: