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 SW Concessions Fmt Park	**Telephone Number** ( ) Establishment 317-538-7151 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/27/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 7880 Circle Drive Zionsville, IN 46077			
Owner Shane Wagner	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* JAMES DEAN Van ~~Buren~~	**Follow-up**	**Release Date**
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Shane Wagner			
Responsible Person's E-mail Wagner3231@gmail.com		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler Shane Wagner			

- **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
	C		Beef temped at 85° cook stated ready to serve, not cooked to 155 advised owner about consumer advisory	
	N/C		2 employees preparing without beard guards	

Received by (*name and title printed*): Shane Wagner	Inspected by (*name and title printed*): Hans Huber
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
	cc: