



**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.

<b>Establishment Name</b> SW CONCESSIONS	<b>Telephone Number</b> <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	<b>Date of Inspection</b> <i>(mm/dd/yr)</i> 9-25-20	<b>ID #</b> 27
<b>Establishment Address</b> <i>(number and street, city, state, ZIP code)</i> 7880 Circle Drive Zionsville, IN 46077			
<b>Owner</b> Shane Wagner	<b>Purpose:</b> <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 <i>(list)</i> James Dean	<b>Follow-up</b> NO	<b>Release Date</b> 10 days
<b>Owner's Address</b> Same		<b>Summary of Violations:</b>  C ___ NC ___ R ___	
<b>Person in Charge</b> Shane Wagner		<b>Menu Type</b> <i>(See back of page)</i> 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
<b>Responsible Person's E-mail</b> Wagner3231@gmail.com			
<b>Certified Food Handler</b> 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
			No violations	

<b>Received by</b> <i>(name and title printed):</i> Shane Wagner	<b>Inspected by</b> <i>(name and title printed):</i> Scott W. Randall	
<b>Received by</b> <i>(signature):</i> 	<b>Inspected by</b> <i>(signature):</i> 	
cc:	cc:	cc: