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 SALISBURY AND ROOF CONCESSIONS, INC.	**Telephone Number** (419) Establishment 852-2661 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7-3-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 9917 State route 49 Rockford OH, 45882			
Owner Brenda Slaisbury And Dawn Roof	**Purpose:** 1. Routine	**Follow-up** ~	**Release Date** ~
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Brenda Slaisbury And Dawn Roof	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail Salbr@crightnet.com	6. HACCP 7. Other *(list)* ~~Gas City 4th~~	**Menu Type** *(See back of page)* 1 X 2___ 3___ 4___ 5___	
Certified Food Handler Lester & Brenda Salisbury			

- **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 on this inspection	

Received by (*name and title printed*):
Lester Salisbury

Inspected by (*name and title printed*):
Scott Likendell

Received by (*signature*):
Lester Salisbury

Inspected by (*signature*):
Scott Likendell FSO

cc: | cc: | cc: