



**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) 852 2061 () Owner	Date of Inspection (mm/dd/yr) 9-25-20	ID # 27								
Establishment Address (number and street, city, state, ZIP code) 9917 State Rounte 49 Rockford, OH 45882		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Follow-up No</td> <td style="width: 50%;">Release Date 10 days</td> </tr> <tr> <td colspan="2">Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> </table>		Follow-up No	Release Date 10 days	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		Menu Type (See back of page) 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
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7. Other (list) James Dean											
Owner's Address Same											
Person in Charge Brenda Salisbury And Dawn Roof											
Responsible Person's E-mail Salbr@bright.net											
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	

Received By (name and title printed): Dawn M Roof	Inspected by (name and title printed): Scott Luterbell	
Received by (signature): 	Inspected by (signature): 	
cc:	cc:	cc: