



**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 Sissy's Concessions		Telephone Number () Establishment 574-248-9019 () Owner		Date of Inspection <i>(mm/dd/yr)</i> 9-26-19	ID # 27
Establishment Address <i>(number and street, city, state, ZIP code)</i> P.O. Box 426 Bremen, IN 46506		Owner Elizabeth Ballou		Follow-up	Release Date
Owner's Address 4838 Hawthorn Rd. Bremen, IN 46506		Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other <i>(list)</i> Gas City, Ducktail		Summary of Violations: C ___ NC ___ R ___	
Person in Charge Elizabeth Ballou		Responsible Person's E-mail sissyspopcorn@yahoo.com		Menu Type <i>(See back of page)</i> 1/2	
Certified Food Handler Elizabeth Ballou					

- 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
			<i>Labels on all pre packaged items</i>	

Received by <i>(name and title printed)</i> : Elizabeth Ballou	Inspected by <i>(name and title printed)</i> : Donna [Signature] PSE
Received by <i>(signature)</i> : <i>Elizabeth Ballou</i>	Inspected by <i>(signature)</i> : <i>Donna [Signature]</i>

cc:	cc:	cc:
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