



**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 STEPHENSON FAMILY CONCESSIONS		Telephone Number (765) 585-5585	Date of Inspection (mm/dd/yr) 9-25-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 5945 S. St. Rd. 263 Williamsport, IN 47993		() Owner		
Owner Marion Stephenson	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Jonesboro</u> <u>River Rally</u>	Follow-up	Release Date	
Owner's Address Same		Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		
Person in Charge Marion Stephenson		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>		
Responsible Person's E-mail Stock3321@yahoo.com				
Certified Food Handler Lisa Stephenson				

- 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
			OK to Sale	

Received by (name and title printed): Natashe Stephenson		Inspected by (name and title printed): Dean Small RST	
Received by (signature): <i>Natashe Stephenson</i>		Inspected by (signature): <i>Dean Small RST</i>	
cc:	cc:	cc:	cc: