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 SW CONCESSIONS	**Telephone Number** ( ) Establishment 317-558-7151 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 8520	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 7880 Circle Drive Zionsville. IN 46077			
Owner Shane Wagner	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ~~Van Buren~~	**Follow-up** –	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Shane Wager			
Responsible Person's E-mail Wager3231@gmail.com		**Menu Type** (*See back of page*) 1___ 2___ 3 X 4___ 5___	
Certified Food Handler 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
309	NC		Hood vent is soiled	10 days OR Next festival
430	NC		Floor in concession trailer - soiled w/ ~~dri~~ dried food debris	Today
295	NC		Fountain machine under tent is soiled.	Today

Received by (*name and title printed*): JASON DeBOY	Inspected by (*name and title printed*): Dean Small FSI
Received by (*signature*): Jason DeBoy	Inspected by (*signature*): [signature] FSI
cc:	cc:
	cc: