



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: T-N-T Concessions; Telephone Number: 765-517-1292; Date of Inspection: 8/19/19; ID #: 27; Owner: Taska Brown; Address: 2124 S. Adams Street Marion, IN 46952; Purpose: HACCP; Summary of Violations: C__ NC__ R__; Menu Type: 1__ 2__ 3 X 4__ 5__

• 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Handwritten entry: NO VIOLATIONS AT THIS INSPECTION

Received by (name and title printed): TASKA BROWN; Inspected by (name and title printed): R. D. ... FSIO; Received by (signature): [Signature]; Inspected by (signature): [Signature]