



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.

Form with fields: Establishment Name (TNT CONCESSIONS), Telephone Number (850-572-7360), Date of Inspection (9-24-00), ID # (27), Establishment Address (508 W. Buckingham Drive), Owner (Tammy Graves), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5), Certified Food Handler (Tammy Graves).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Handwritten entry: NO VIOLATIONS ON THIS INSPECTION.

Received by (name and title printed): Tammy Graves; Inspected by (name and title printed): Scott Kikendall / FSQ; Received by (signature): Tammy Graves; Inspected by (signature): Scott Kikendall / FSQ; cc: fields.