



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 #1), Telephone Number ((765) 517-1292), Date of Inspection (9-24-20), ID # (27), Establishment Address (P.O. Box 944 Marion, IN 46952), Owner (Taska Brown), Purpose (7. Other (list) - Ducted), Follow-up (none), Release Date, Summary of Violations (C \_\_\_ NC \_\_\_ R \_\_\_), Menu Type (1 \_\_\_ 2 \_\_\_ 3 ✓ 4 \_\_\_ 5 \_\_\_), Responsible Person's E-mail (Red52@hotmail.com), Certified Food Handler (Taska Brown).

- 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. Narrative contains handwritten text 'OK to SATE'.

Received by (name and title printed): TASKA BROWN; Inspected by (name and title printed): Dean Small PCH; Received by (signature): Taska Brown; Inspected by (signature): Dean Small PCH; cc: fields.