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 TNT CONESSIONS	**Telephone Number** ( ) Establishment 850-572-7360 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/10/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 508 W. Buckingham Drive Marion, IN 46952			
Owner Tammy Graves & Tom Graves	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up**	**Release Date** 10/1/24
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Tammy Graves			
Responsible Person's E-mail thughes@gmail.com		**Menu Type** *(See back of page)* 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"**

Section#	C/NC	R	Narrative	To Be Corrected By

Received by (*name and title printed*):
Tammy Graves

Received by (*signature*):
Tammy Graves

Inspected by (*name and title printed*):
Denni Small FSD

Inspected by (*signature*):
Denni Small FSD

cc: | cc: | cc: