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 Concessions	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/23/2021	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) P.O. Box 944 Marion, IN 46953			
Owner Taska Brown	**Purpose:** 1. Routine	**Follow-up** N/A	**Release Date** N/A
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Taska Brown	4. Pre-Operational 5. Temporary	C NC R	
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Taska Brown	7. Other (*list*) Ducktail	1 2 3 ✓ 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"**

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations at this Time	

Received by (*name and title printed*): TASKA BROWN	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*): Taska Brown	Inspected by (*signature*): Kyle Kellogg
cc:	cc:
	cc: