



**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 (850) Establishment () Owner	Date of Inspection (mm/dd/yr) 8-1-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 508 W. Buckingham Drive Marion, IN 46952		Follow-up	Release Date
Owner Tammy & Tom Graves	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Popcorn Fest.	Summary of Violations: C___ NC___ R___	
Owner's Address Same		Menu Type (See back of page) 1___ 2___ 3___ 4___ 5___	
Person in Charge Tammy Graves			
Responsible Person's E-mail thughes@gmail.com			
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
295	C		Plastic Bin holding Clean Steamers is soiled in bottom of bin	

Received by (name and title printed): Tammy Graves	Inspected by (name and title printed): Debra Lavelle BSO
Received by (signature): <i>Tammy Graves</i>	Inspected by (signature): <i>Debra Lavelle BSO</i>
cc:	cc: