



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

Uptown

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 (850-572-7380), Date of Inspection (9-6-19), ID # (27), Establishment Address (508 W. Buckingham Drive Marion, IN 46952), Owner (Tom & Tammy Graves), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) Matthews), Follow-up, Release Date, Summary of Violations (C ___ NC ___ R ___), Menu Type (1 ___ 2 ___ 3 ___ 4 ___ 5 ___), Owner's Address (Same), Person in Charge (Tom & Tammy Graves), Responsible Person's E-mail (NA), 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. Narrative contains handwritten text: 'Temp on apple Dumplings is 98°F Not 190° OK Above, 1 light out on heat lamp. OK to Seal'.

Form with fields: Received by (name and title printed): Tammy Graves, Received by (signature): Tammy Graves, Inspected by (name and title printed): [Signature], Inspected by (signature): [Signature], cc: [Blank]