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 T-N-T Concession **Establishment Address** (*number and street, city, state, ZIP code*)	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-26-19	**ID #** 27
Owner Taska Brown **Owner's Address** **Person in Charge** Taska **Responsible Person's E-mail** **Certified Food Handler** Taska B	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)	**Follow-up** **Release Date** **Summary of Violations:** C____ NC____ R____ **Menu Type** (*See back of page*) 1___2___3_X_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
			OK to Sale	

Received by (*name and title printed*): Taska Brown	Inspected by (*name and title printed*): [illegible] EHS
Received by (*signature*): [signature]	Inspected by (*signature*): [signature] EHS
cc:	cc:
cc:	