



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.

Form with fields: Establishment Name (TNT CONCESSIONS), Telephone Number (850-572-7360), Date of Inspection (7-3-20), ID # (27), Establishment Address (508 W. Buckingham Drive Marion, IN 46952), Owner (Tommy & Tom Graves), Purpose (Gas City 4th), Follow-up, Release Date, Summary of Violations (C L NC R), Menu Type (1 2 3 4 5), 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, C, Ice Scoop lying directly on ice to include handle, Corrected.

Received by (name and title printed): Tammy Graves; Inspected by (name and title printed): Scott Kendall; Received by (signature): Tammy Graves; Inspected by (signature): Scott Kendall