



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 (8-5-20), ID # (27), Establishment Address (508 W. Buckingham Drive Marion, IN 46952), Owner (Tammy Graves), Purpose (1. Routine), Follow-up, Release Date (70 days), Owner's Address (Same), Person in Charge (Tammy Graves), Responsible Person's E-mail (thughes1962@gmail.com), Certified Food Handler (Tammy Graves), Summary of Violations (C__ NC__ R__), Menu Type (1 2 3 4 5), van Buren Popcorn

- 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: 'No violations - OK to serve'.

Received by (name and title printed): Inspected by (name and title printed):
Received by (signature): Tammy Graves Inspected by (signature): [Signature] FSO
cc: [Signature] cc: cc: