



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) 572-7360; Date of Inspection: 6-14-21; ID #: 27; Owner: Tammy Graves; Purpose: 1. Routine; Follow-up: -; Release Date: 10 days; Summary of Violations: C - NC - R -; Menu Type: 1 2 3 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'No violations' in the Narrative column.

Received by (name and title printed): Tammy Graves; Inspected by (name and title printed): Dee Bell; Received by (signature): [Signature]; Inspected by (signature): [Signature]