



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 (The Chuckwagon Concessions), Telephone Number (765-669-0683), Date of Inspection (9-6-19), ID # (27), Owner (Ross & Kaloha Allen), 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 (See back of page).

- 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. Contains handwritten text 'OK to Sell' in the Narrative column.

Received by (name and title printed): Kaloha Allen
Inspected by (name and title printed): Dean Smith FSO
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: [ ] cc: [ ] cc: [ ]