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 The Chuckwagon Concessions	**Telephone Number** ( ) Establishment 765-669-0683 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-10-21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 450 Fruitdale Dr. Morgantown, IN 46160			
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** 10 days
Owner's Address Same		**Summary of Violations:** C ✓ NC ✓ R ✓	
Person in Charge Same			
Responsible Person's E-mail Kaloha Allen		**Menu Type** (*See back of page*) 1 ___ 2 ✓ 3 ___ 4 ___ 5 ___	
Certified Food Handler Kaloha Allen			

- 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 Spite	

Received by (*name and title printed*): Kaloha Allen	Inspected by (*name and title printed*): [signature]
Received by (*signature*): [signature]	Inspected by (*signature*): [signature]

cc:	cc:	cc: