



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 (Three Bears Concessions, LLC), Telephone Number (765-747-9888), Date of Inspection (10/5/19), ID # (27), Owner (Joe Mann), Purpose (1. Routine), Follow-up, Release Date, Summary of Violations (C __ NC __ R __), Menu Type (1 __ 2 __ 3 X 4 __ 5 __), Certified Food Handler (Christian Mann).

- 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: 'No Violations at current inspection'.

Form with fields: Received by (name and title printed): CHRISTIANA MAHA, Inspected by (name and title printed): Kyle Kellogg/Hans Huber, Received by (signature), Inspected by (signature), cc: