



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 (Tiki Islnad Concessions), Telephone Number (615-618-4504), Date of Inspection (8-1-19), ID # (27), Owner (Cody Garden), Purpose (HACCP), Follow-up, Release Date, Summary of Violations (C \_\_ NC \_\_ R \_\_), Menu Type (1 \_\_ 2 \_\_ 3 X 4 \_\_ 5 \_\_), Certified Food Handler (Cody Garden).

- 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: 'OK to open'.

Received by (name and title printed): X Cody GARDEN
Inspected by (name and title printed): [Signature] - FSD
Received by (signature): [Signature]
Inspected by (signature): [Signature]

cc: [Blank]