



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: Christopher's Concessions; Telephone Number: ( ) Establishment; Date of Inspection: (mm/dd/yr); ID #: ; Establishment Address: 1330 S. County Jnp Rd.; Owner: Randy & Pam Christopher; Purpose: 1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list); Follow-up: ; Release Date: ; 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. Narrative contains handwritten text: 'No Findings at this time'.

Received by (name and title printed): Randy Christopher; Inspected by (name and title printed): Kyle Kelley, John Pearson; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: ; cc: ; cc: ;