



**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 <i>Debbies Concessions</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>6-18-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>785 W. 375 N. Hobanmon</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. <u>Other (list)</u>	Follow-up Release Date <i>10 days</i>	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>
Owner <i>Deborah Hook</i>	Owner's Address <i>Same</i>	Menu Type (See back of page) <i>1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u></i>	
Person in Charge <i>Deborah Hook</i>	Responsible Person's E-mail	Certified Food Handler	

- 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
			<i>No violations</i>	

Received by (name and title printed): <i>Deborah Hook</i>	Inspected by (name and title printed): <i>Dawn Smith</i>
Received by (signature): <i>Deborah Hook</i>	Inspected by (signature): <i>Dawn Smith</i>
cc:	cc: