



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: Steve's Kneetop Corn. Telephone Number: () Establishment. Date of Inspection: 07/3/24. ID #: 27. Establishment Address: PO. Box 1783 Marion. Owner: Steve Gombori. Owner's Address: Samp. Person in Charge: [blank]. Responsible Person's E-mail: [blank]. Certified Food Handler: NA. Purpose: 1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list): Matter Park. Follow-up: NO. Release Date: 10. Summary of Violations: C X, NOX, RX. Menu Type: 1 X, 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 Violations.

Received by (name and title printed): [Signature]. Inspected by (name and title printed): Jimmy L. Henry. Received by (signature): Steve Gombori. Inspected by (signature): [Signature]. cc: [blank]