



# 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 <u>Jeffrey Hahn's Concessions</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <u>4/12/25</u>	ID # <u>217</u>
Establishment Address (number and street, city, state, ZIP code) <u>3707 1/2 Boots St Marion</u>			
Owner <u>Jeffrey Hahn</u>	Purpose: <input checked="" type="checkbox"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <input checked="" type="checkbox"/> No	Release Date <hr/>
Owner's Address <u>511 Main St Marion</u>	Summary of Violations: <hr/>		
Person in Charge <u>Jeffrey Hahn</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Responsible Person's E-mail <u></u>	Menu Type (See back of page) <hr/>		
Certified Food Handler <u>Somkessa Hahn</u>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 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"

Received by (name and title printed):

Inspected by (name and title printed):

*Jonkesha Hahn*

Specied by (name and title printed).  
Eduard Persoon II

Received by (signature):

Inspected by (signature):

Received by (signature): 

John Pearson II  
cc:

cc

CC

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