



# 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 <b>Debbies Concessions</b>		Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <b>785 W 375th, Johnson</b>		<b>6/16/25 37</b>		
Owner <b>Deborah Hook</b>	Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <i>4-H Fair</i>	Follow-up	Release Date	
Owner's Address <b>51pm</b>	Summary of Violations:			
Person in Charge <b>Deborah Hook</b>	C____ NC____ R____			
Responsible Person's E-mail	Menu Type (See back of page)			
Certified Food Handler <b>Deborah Hook</b>	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"

Received by (name and title printed):

Received by (name and title printed).  
Deborah Cook

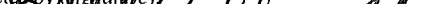
Inspected by (name and title printed):

inspected by (name and title printed): John C. (O) Jun  
inspected by (signature): John C. (O) Jun

Received by (signature):

Received by (signature): Deborah Hook

~~Incubation by high-stress~~

inspected by (signature) 

CC:

CC

CCS