



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 Webb's Concessions			Telephone Number () Establishment () Owner		Date of Inspection (mm/dd/yr) 6/16/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 785 W 375 N, Hobson						
Owner Deborah Hook			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 4-H Fair		Follow-up	Release Date
Owner's Address Same					Summary of Violations: C___ NC___ R___	
Person in Charge Deborah Hook					Menu Type (See back of page) 1___ 2___ 3___ 4___ 5___	
Responsible Person's E-mail						
Certified Food Handler Deborah Hook						
<ul style="list-style-type: none">• 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
			No violations			
Received by (name and title printed): Deborah Hook			Inspected by (name and title printed): Angela R. McCollum			
Received by (signature): Deborah Hook			Inspected by (signature): AMC 7/10			
cc:			cc:			cc: