



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 7-2.4, 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 H3M Concessions		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 6/17/25	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 16101 W. Wheeling Ave					
Owner James Hollowell		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 4-H San	Follow-up	Release Date	
Owner's Address Simple			Summary of Violations: C___ NC___ R___		
Person in Charge James 3 Marc Hollowell			Menu Type (See back of page) 1___ 2___ 3___ 4___ 5___		
Responsible Person's E-mail /					
Certified Food Handler James Hollowell					
• 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#	CNC	R	Narrative		To Be Corrected By
			No violations		
Received by (name and title printed): Marc Hollowell					
Received by (signature): Marc Hollowell					
Inspected by (name and title printed): James Hollowell					
Inspected by (signature): James Hollowell					
cc:					