



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

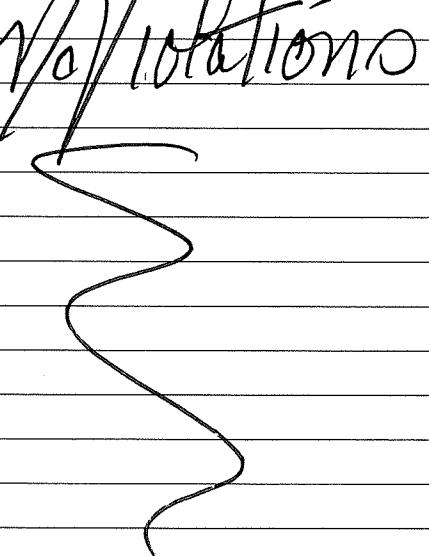
State Form 48669 (R2/2-05)
SDH Form 51-0001

**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>High 3 Concessions</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <u>6/17/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>16101 W. Wheeling Ave</u>			
Owner <u>Chim HOLLOWELL</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Chim's March Hollowell</u>	Follow-up	Release Date
Owner's Address <u>53100</u>	Summary of Violations:		
Person in Charge <u>Chim's March Hollowell</u>	C <u> </u> NC <u> </u> R <u> </u>		
Responsible Person's E-mail /	Menu Type (See back of page)		
Certified Food Handler <u>Chim's Hollowell</u>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> <u>Chim's Hollowell</u>		

- 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
			 <p>No violations</p>	

Received by (name and title printed):

and by (name and title printed):
Marc Hollowell

Inspected by (name and title) W. J. Smith

Inspected by (name and file number): John S. Hartman
Inspector (name and file number): John S. Hartman 1510
cc:

Received by (signature):

ed by (signature):  CC:

~~1911-1912~~ 1912-1913

cc: *W. H. Miller* 750

cc:

CC

CC.