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 H & M Concessions	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 8-6-24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) ~~1/6~~ 1018 Massachusetts			
Owner Marc & Elaina Howell	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 16101 N Wheeling Ave Gas City	2. Follow-up	**Summary of Violations:**	
Person in Charge Marc	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail —	4. Pre-Operational	**Menu Type** *(See back of page)*	
	5. Temporary		
	6. ~~HACCP~~		
Certified Food Handler	7. Other (*list*) Commissary	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"

Section#	C/NC	R	Narrative	To Be Corrected By
			Commissary used at Lions Club. Inspected it & Approved.	

Received by (*name and title printed*): Marc Howell	Inspected by (*name and title printed*): Dean Snyder Angela R McCallum
Received by (*signature*): Marc Howell	Inspected by (*signature*): Dean Snyder Angela R McCallum
cc:	cc: / cc: