



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 KSC 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) 1040 Main St, Shady Hill			
Owner Kristi Cantor	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 5Bnd	Summary of Violations:		
Person in Charge Kristi Cantor	C <u> </u> NC <u> </u> R <u> </u>		
Responsible Person's E-mail	Menu Type (See back of page)		
Certified Food Handler Kristi Cantor	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </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"

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

80

200

4