



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 <b>KT Concessions #2</b>			Telephone Number ( ) Establishment ( ) Owner		Date of Inspection (mm/dd/yr) <b>6-17-22</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2854 S. 300th. Marion</b>			Owner <b>Bob 3 Joan Monro</b>		Follow-up <b>Summary of Violations:</b>  C___ NC___ R___	
Owner's Address <b>5000</b>			Person in Charge <b>Bob 3 Joan Monro</b>		Menu Type (See back of page) <b>1 2 3 4 5</b>	
Responsible Person's E-mail			Certified Food Handler <b>Joan Monro</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>4. Pre-Operational</b>	
• 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
			<b>NO VIOLATIONS</b>			
Received by (name and title printed): <b>Jen Yater-Puetz</b>			Inspected by (name and title printed): <b>Donna S...</b>			
Received by (signature): <b>Jen Yater-Puetz</b>			Inspected by (signature): <b>Donna S...</b>			
cc:			cc:			cc: