



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 YT Concessions #2 | Telephone Number () Establishment () Owner | Date of Inspection (mm/dd/yr) 6-17-20 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 2854 S. 300 W. Union | | | |
| Owner Bob & Joann Monroe | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Bob & Joann Monroe | Follow-up | Release Date |
| Owner's Address 5100 | Summary of Violations: | | |
| Person in Charge Bob & Joann Monroe | C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/> | | |
| Responsible Person's E-mail | Menu Type (See back of page) | | |
| Certified Food Handler Joann Monroe | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | | |

- 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):

Received by (name and title printed): Jen Yater-Puetz

Inspected by (name and title printed)

inspected by (name and title pr
John S...

Received by (signature):

Received by (signature): 
cc: _____ cc: _____

Impacted by

Inspected by (signature)

cc:

66

CC