



## **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 <i>Wock N Concessions</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>8015 Broadway</i>	<i>5/17/2025</i> <i>27</i>		
Owner <i>Cathy Rodwin</i>	Purpose: 1. Routine	Follow-up	Release Date
Owner's Address <i>Cathy Rodwin</i>	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	<i>NO</i>	<i>5/17/27</i>
Person in Charge <i>Cathy Rodwin</i>	Summary of Violations:  C ____ NC ____ R ____		
Responsible Person's E-mail <i>Cathy Rodwin</i>	Menu Type (See back of page)  1 ____ 2 ____ 3 <input checked="" type="checkbox"/> 4 ____ 5 ____		
Certified Food Handler <i>Cathy Rodwin</i>			

- 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 print)  
*Cathy Lourie*

Inspected by (name and title printed):

Inspected by (name and title printed)  
Lyle Kellogg

Received by (signature):

Received by (signature):  
Cathy Frosner  
cc:

Inspected by (signature):

Inspected by (signature): 

cc.

CC

CC7