



**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>Rocky Concessions #1</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <b>805 S. Broadway</b>	<b>5-7-28</b> <b>27</b>		
Owner <b>Sandy Rock</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up	Release Date
Owner's Address <b>Same</b>	Summary of Violations:		
Person in Charge <b>Sandy Rock</b>	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 <b>Sandy Rock</b>	1 <input 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):

ved by (name and title printed):  
Sandy Rock

Inspected by (name and title printed):

Inspected by (name and title pri  
Deon Sophia

Received by (signature):

ved by (signature):

Digitized by srujanika@gmail.com

Inspected by (signature):  Debra Sill

553

603

22