

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>Rocks Concessions #1</b>		Telephone Number ( ) Establishment ( ) Owner		Date of Inspection (mm/dd/yr) <b>5-7-28</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>805 S. Broadway</b>				Follow-up	Release Date
Owner <b>Sandy Rock</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Summary of Violations:  <b>C - NC - R -</b>	
Owner's Address <b>Sammo</b>				Menu Type (See back of page)	
Person in Charge <b>Sandy Rock</b>				<b>1 2 3 4 5</b>	
Responsible Person's E-mail					
Certified Food Handler <b>Sandy Rock</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/N/C	R	Narrative	To Be Corrected By	
			No violations		
Received by (name and title printed): <b>Sandy Rock</b>			Inspected by (name and title printed): <b>Dan Smith</b>		
Received by (signature): <b>Sandy Rock</b>			Inspected by (signature): <b>[Signature]</b>		
cc:			cc:		