



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

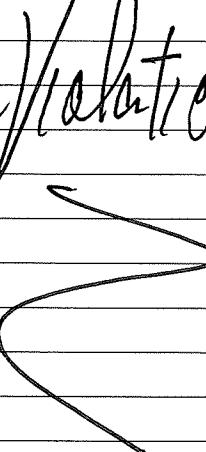
**State Form 48669 (R2/2-05)**  
**SDH Form 51-0001**

**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>Sandy Rock Concessions #2</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr) <b>6/17/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>805 S Broadway</b>			
Owner <b>Sandy Rock</b>	Purpose: 1. Routine	Follow-up	Release Date
Owner's Address <b>Sandy Rock</b>	2. Follow-up	Summary of Violations:	
Person in Charge <b>Sandy Rock</b>	3. Complaint	C <u>      </u> NC <u>      </u> R <u>      </u>	
Responsible Person's E-mail <b></b>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <b>Sandy Rock</b>	5. Temporary	1 <u>      </u> 2 <u>      </u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u>	
	6. HACCP		
	7. Other (list) <b>4-H Day</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
			<p>McValations</p> 	

Received by (name and title printed):

Inspected by *name and title printed*

Received by (signature):

Instrument no. (signature)

CC:

CCW

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