

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> KELLYS CONCESSION	<b>Telephone Number</b> Est 317-626-6335 Own	<b>Date of Inspection</b> 06/05/2024	<b>ID#</b>
<b>Address</b> 3621 W. HWY 40, GREENFIELD IN 46140	<b>Purpose</b> <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b>
<b>Owner</b>		<b>Menu Type</b> 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
<b>Owner's Address</b>			
<b>Person in Charge</b> TRENTON CRIPE			
<b>Responsible Person's Email</b> ACORNPLUMBING@AOL.COM			
<b>Certified Food Handler</b> TRENTON CRIPE			

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 COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				NO VIOLATIONS	

**Summary of Violations**      C           NC           R           **0**

Received by (name and title printed): TRENTON CRIPE	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 

cc:	cc:	cc:
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