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 K+ Concessions #1	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 7/03/25	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2854 S. 300 E. Marion			
Owner Robert & Joan Monroe	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**	**Release Date**
Owner's Address Same		**Summary of Violations:** P___ NC___ R___	
Person in Charge Robert & Joan Monroe			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1___ 2✓ 3___ 4___ 5___	
Certified Food Handler Joan Monroe			

- 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/NC	R	Narrative	To Be Corrected By
			No violations at this time	

Received by (*name and title printed*): Joan L. Monroe	Inspected by (*name and title printed*): Kyle Kellogg / Food Inspector
Received by (*signature*): Joan L. Monroe	Inspected by (*signature*): Kyle Kellogg

cc:	cc:	cc: