



**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 Bob Evans #2067	Telephone Number 765 Establishment (651) 9668 Owner	Date of Inspection (mm/dd/yr) 2-7-23	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2609 S Western Ave	Owner Bob Evans Restaurants LLC	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No Release Date 10 days
Owner's Address 8111 Smith's Mill Rd OH	Person in Charge ERIN	Summary of Violations: C2 NC 1 R2	
Responsible Person's E-mail	Menu Type (See back of page) 1 2 3 <u>X</u> 4 5		
Certified Food Handler MARVIN Lewis exp 6-2027			

- 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
191	C		Items in cooler ON N end of grill	
		X	1) Pork Roast 2-4-23	Removed
			2) Sliced Ham 2-4-23	
			3) Turkey Sausage links 2-4-23	
			4) Condensed Soup Cream in walk in - 1-4 & 1-29-23	
295	C		Cold Salad bowls in cooler - has dried food debris	today
295	NC	X	ON outside & under the top of Hobart mixer - dried food debris	

Received by (name and title printed): Erin Pusdy	Inspected by (name and title printed): Dawn Furr
Received by (signature): <i>Erin Pusdy</i>	Inspected by (signature): <i>Dawn Furr</i> Petro
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 2-7-23

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-7-23.

DATE: 2-7-23 Action Taken:

We discarded all expired items. We immediately washed all ~~equipment~~ bowls from under the salad case and deep cleaned the mixer until all debris was removed. We coached employees and management to check labels everyday and keep equipment clean at all times.
Note - mixer was in use during evaluation.

PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS

Name of Respondent: Erin Prody Title: Key Supervisor

Establishment Name: Bob Evans

Address: 2609 S Western Ave, Marion IN