



**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 <i>Beren Student Center</i>	Telephone Number <i>765</i> Establishment <i>()</i> Owner	Date of Inspection (mm/dd/yr) <i>1-12-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>236 Reade St Upland</i>	Owner <i>Parkhurst Dining</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>285 E Waterfront Dr</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C / NC / R</i>	
Person in Charge <i>Cory</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Certified Food Handler <i>Cory Wells exp</i>	<ul style="list-style-type: none"> • 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
<i>294</i>	<i>C</i>		<i>- Chick Fillet - Chemical Insufficient (Sanitizer @ ppm)</i>	<i>Today</i>
			<i>- Fresh Deli -</i>	
			<i>No violations</i>	
<i>295</i>	<i>NC</i>		<i>- Washi PIZZA - Coke Machine underneath at/on splash was dated pop on it.</i>	<i>Today</i>
			<i>- Market Place - No violations</i>	

Received by (name and title printed): <i>Cory Wells</i>	Inspected by (name and title printed): <i>Scott Hubbard / Dean Supp</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111

Fax 765-651-2419

DATE: 1/12/2023

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 1/12/2023

DATE: 1/12 Action Taken: Called Eco Lab for Sanitizer
1/12 Meeting with Closing Staff to Wash & Sanitize POP Fountain when to remove nozzles

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

Name of Respondent: Cory Wells Title: Director of Operations

Establishment Name: Taylor U. / Lorita Boren

Address: _____