



**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>Burger King # 826</b>		Telephone Number <b>765 Establishment</b>	Date of Inspection (mm/dd/yr) <b>3-9-23</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1510 Kem Road Marion</b>		Owner <b>664-1556</b>		
Owner <b>Carrols, LLC</b>	Purpose: <b>1. Routine</b>		Follow-up <b>No</b>	Release Date <b>10 days</b>
Owner's Address <b>968 James St NY</b>	2. Follow-up		Summary of Violations:  <b>C ___ NC ___ R ___</b>	
Person in Charge <b>Susan</b>	3. Complaint			
Responsible Person's E-mail <b>_____</b>	4. Pre-Operational		Menu Type (See back of page)  <b>1 ___ 2 <u>X</u> 3 ___ 4 ___ 5 ___</b>	
Certified Food Handler <b>Susan Powell Exp 10-2026</b>	5. Temporary			
		6. HACCP		
		7. Other (list)		

- 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
138	NC		Employee cooking and prepping with no hair restraint	Corrected
431	NC		Flooring behind fryers and in between coolers by fryer has food debris	Today

Received by (name and title printed): <b>Susan Powell</b>	Inspected by (name and title printed): <b>Scott Kibardell</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: