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: Burger King 863	**Telephone Number**: (765) Establishment (998-0549) Owner	**Date of Inspection** (*mm/dd/yr*): 3/10/23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 5036 Key Bee Dr Gas City			
Owner: Carrols LLC	**Purpose**: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: —	**Release Date**: 10 days
Owner's Address: NY		**Summary of Violations**: C____ NC____ R____	
Person in Charge: Beeky			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___2___3_X_4___5___	
Certified Food Handler: Beeky Jackson exp 6.2025			

- 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
	—		Complaint on Sandwich Chute – Complaint not found b/c the Chute is stained, unable to clean or sanitize. When wiped it did not have a residue.	
	—		other complaints unable to follow up on – temps etc.	

Received by (*name and title printed*): Becky Jackson	Inspected by (*name and title printed*): Scott Kendall / Dawn Smith	
Received by (*signature*):	Inspected by (*signature*): Scott Kendall / Dawn Smith	
cc:	cc:	cc: