



**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 Drakes Fast Lane | Telephone Number (765) 922-7937 | Date of Inspection 1-17-23 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 204 N Washington St Swazee | Owner Robert Francis | Follow-up NO | Release Date 10 days |
| Owner ROBERT FRANCIS | Purpose: 1. Routine | Summary of Violations: C 1 NC 1 R 2 | |
| Owner's Address 6877 N 700 W Sharpsville | 2. Follow-up | Menu Type (See back of page) 1 2 3 X 4 5 | |
| Person in Charge SNOW | 3. Complaint | | |
| Responsible Person's E-mail | 4. Pre-Operational | | |
| Certified Food Handler Julie Ritter Exp 12-2027 | 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 |
|----------|------|---|--|--------------------|
| 295 | C | A | Can opener blade is soiled with food debris & clean w between each use | Today |
| 297 | NC | X | Cappuccino Machines Nozzles are soiled with food debris | Today |
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|---|---|
| Received by (name and title printed): Snow Jeffries | Inspected by (name and title printed): Scott Killendall |
| Received by (signature): <i>Snow Jeffries</i> | Inspected by (signature): <i>Scott Killendall FS10</i> |
| cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1-20-23

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 1-18-23.

DATE: Action Taken:

| | |
|-------------|--|
| <u>1-20</u> | <u>Talked to all employees about cleaning opener after each use.</u> |
| <u>1-20</u> | <u>Capp Machine cleaned daily.</u> |
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(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Julie Ritter Title: Manager

Establishment Name: Drakes Fastlane

Address: 204 N. Washington St Swayzee, IN 46986