



**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<br><b>Flying J Travel Plaza #1076</b>  |  | Telephone Number<br><b>865</b>   | Date of Inspection<br>(mm/dd/yr)<br><b>2-9-23</b>  | ID #<br><b>27</b> |
| Establishment Address (number and street, city, state, ZIP code)<br><b>6255 State RD 18E Marion</b> |  | Establishment<br><b>588-7488</b> |  |                   |
| Owner<br><b>Pilot Flying J Travel Centers</b>   | Purpose:<br><input checked="" type="radio"/> 1. Routine<br><input type="radio"/> 2. Follow-up<br><input type="radio"/> 3. Complaint<br><input type="radio"/> 4. Pre-Operational<br><input type="radio"/> 5. Temporary<br><input type="radio"/> 6. HACCP<br><input type="radio"/> 7. Other (list) | Follow-up<br><b>10</b>           | Release Date<br><b>10 days</b>                     |                   |
| Owner's address<br><b>PO Box 10146</b>  |  |                                  | Summary of Violations:<br><b>C 1 NC 2 R 1</b>      |                   |
| Person in Charge<br><b>Kristen</b>  |  |                                  | Menu Type (See back of page)<br><b>1 2 3 X 4 5</b> |                   |
| Responsible Person's E-mail<br><b>_____</b>   |  |                                  |  |                   |
| Certified Food Handler<br><b>Kristen Exp 8-2027</b>   |  |                                  |  |                   |

• 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 |
|----------|------|---|---|--------------------|
|          |      |   | - Del -   |                    |
| 138      | NC   | X | Employee prepping food with no hair restraint                             | Today              |
| 191      | C    |   | Pepperoni and meatballs in walk in cooler with use by date expired        |                    |
|          |      |   | - STORE -   |                    |
| 295      | NC   |   | Nacho tray on GetIt's machine is soiled with dried food debris            | Today              |
| 295      | NC   |   | Trash can holder inside and out to include floor has food debris and wall |                    |

|   |   |
|---|---|
| Received by (name and title printed):<br><b>Kirsten Brown</b> | Inspected by (name and title printed):<br><b>Scott Kirkendall</b> |
| Received by (signature):<br><i>Kirsten Brown</i>              | Inspected by (signature):<br><i>Scott Kirkendall FSO</i>          |
| cc:   | cc:   |

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2-9-23

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 2-9-23.

DATE: 2/9/23 Action Taken: Talked to team about bar restraint. Everyone has a hat on now.

2/9/23 I removed Nacho Cheese and cleaned out the inside

2/9/23 maintenance is taking care of food debris inside and outside of trash can.

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

Name of Respondent: Kirsten Brown Title: DESM

Establishment Name: Pilot Flying J

Address: 6255 State Rte 18 East Marion, IN

Attach additional sheets as needed.

