



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.

Form with fields: Establishment Name (IHOP 3313), Telephone Number (765 Establishment), Date of Inspection (2-17-23), ID # (27), Establishment Address (3038 S Western Ave Marion), Owner (Romulus), Purpose (1. Routine), Follow-up (Yes), Release Date (18 days), Owner's Address (1049 N 44th St AZ), Person in Charge (Katie), Responsible Person's E-mail, Certified Food Handler (Katie Rawke Exp 7-2026)

• 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten entries for violations such as 'Hand Sink in front service area has food debris', 'Several utensils hanging on wall in back of kitchen', 'Personal cell phone laying on front of grill', 'Employee cooking and prepping with no hair restraint', 'Flooring throughout kitchen is soiled to include under equipment'.

Form with fields: Received by (name and title printed): Regan Kramer-Koons; Inspected by (name and title printed): Scott Kikendall/Dean Smith; Received by (signature): Regan Kramer-Koons; Inspected by (signature): Scott Kikendall/Dean Smith

