



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 <i>Jody / Wendy Reflex Poling</i>	Telephone Number 768 Establishment <i>(624) 5749</i>	Date of Inspection (mm/dd/yr) <i>4-8-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>4013 S. Meredith</i>	Owner <i>Dorothy Trueman</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>4024 S. Meredith</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C ___ NC <u>2</u> R ___</i>	
Person in Charge <i>Dorothy</i>	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail	3. Complaint	<i>1 ___ 2 ___ 3 ___ 4 ___ 5 ___</i>	
Certified Food Handler <i>N/A</i>	4. Pre-Operational		
	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	
<i>399</i>	<i>NC</i>		<i>Fan blades to include lights AT food bar dust on them</i>	<i>TODAY</i>	
<i>295</i>	<i>NC</i>		<i>Basket inside popcorn machine & ball of machine same</i>	<i>(Large blue bracket spanning rows 2-11)</i>	

Received by (name and title printed): <i>DOROTHY TRUEMAN</i>	Inspected by (name and title printed): <i>Dawn Smith RSD</i>
Received by (signature): <i>Dorothy Trueman</i>	Inspected by (signature): <i>Dawn Smith RSD</i>
cc:	cc: