



**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>Main Street Grill</i>	Telephone Number <i>(788) Establishment () Owner</i>	Date of Inspection <i>(mm/dd/yr) 4-27-23</i>	ID # <i>27</i>
Establishment Address <i>118 E Main St Cass City</i>			
Owner <i>Corbriella Padua</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>same</i>		Summary of Violations: <u>C</u> <u>1</u> <u>NC</u> <u>1</u> <u>R</u> <u> </u>	
Person in Charge <i>Dalton Bishop</i>		Menu Type (See back of page) <u>1</u> <u>X</u> <u>2</u> <u> </u> <u>3</u> <u> </u> <u>4</u> <u> </u> <u>5</u>	
Responsible Person's E-mail			
Certified Food Handler <i>N/A</i>			

- 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>345</i>	<i>C</i>		<i>Hand sink @ coffee area being used as a deep sink - Only to wash hand</i>	<i>Tolson</i>
<i>295</i>	<i>NC</i>		<i>Pepsi Cooler has spillage at the bottom</i>	

Received by (name and title printed): <i>Dalton Bishop</i>	Inspected by (name and title printed): <i>Don Small P37a</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111

Fax 765-651-2419

DATE: 05/01/2023

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 4-27-23

Date:

Action Taken:

05/01/23 STAFF INFORMED THAT SINK IS
INTENDED FOR HANDWASHING ONLY
& SINK HAS ALSO BEEN LABELED
AS SUCH

05/01/23 SPILAGE HAS BEEN CLEANED &
WILL ~~BE CONTINUED~~ CONTINUE
TO BE MAINTAINED DAILY

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

Name of Respondent: GABRIELLA BRADLEY Title: OWNER

Establishment Name: MAIN STREET PERK

Address: 118 E. MAIN ST. GAS CITY, IN 46933