



**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>Marion General Hospital Inc</i>	Telephone Number <i>(928)</i> Establishment <i>(620)-7109</i> Owner	Date of Inspection <i>2-3-23</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>441 N Wabash Ave</i>	Purpose: 1. Routine 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 <i>Marion General Hospital</i>	Summary of Violations: C <u> </u> NC <u> 1 </u> R <u> </u>	Menu Type (See back of page) <u> </u> 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Owner's Address <i>441 N Wabash Ave Marion</i>	Person in Charge <i>Jennifer</i>		
Responsible Person's E-mail	Certified Food Handler <i>Jennifer Grubb exp 3/2022</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>431</i>	<i>NC</i>		<i>Flooring and under equipment in grill area sealed w/ dried food & grease</i>	<i>Tuesday</i>

Received by (name and title printed): <i>Jennifer Grubb FS.D.</i>	Inspected by (name and title printed): <i>Scott Kibler DPH / Dawn Lind</i>
Received by (signature): <i>Jennifer Grubb</i>	Inspected by (signature): <i>Scott Kibler Dawn Lind</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111

Fax 765-651-2419

DATE: 2-13-23

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 2-3-23.

DATE: 2-3-23 Action Taken: Section 431 N.C. Deep cleaned

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

Name of Respondent: Jennifer Grubb Title: Food Service Director

Establishment Name: Marion Health

Address: 441 N. Wabash, 46952