



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 Grant Senior Center</i>	Telephone Number <i>463-677</i> (Establishment) <i>463-677</i> (Owner)	Date of Inspection <i>5/8/23</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state/ZIP code) <i>5035 Gallatin St.</i>	Owner <i>Board Members</i>	Purpose: 1. Routine <u>2. Follow-up</u> 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>SUMMIT</i>	Person in Charge <i>Cheryl</i>	Summary of Violations: <i>C/ NC - R -</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>
Responsible Person's E-mail <i>N/A</i>	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>191</i>	<i>C</i>		<i>1/2 qt milk in refrigerator use by date 4-29-23</i>	<i>Removed</i>

Received by (name and title printed): <i>Cheryl Haskell</i>	Inspected by (name and title printed): <i>Deon Hill / FSJ</i>
Received by (signature): <i>Cheryl Haskell</i>	Inspected by (signature): <i>Deon Hill / FSJ</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5/8/2023

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 5-8-23.

Date: 5/8/2023 Action Taken: 1/2 gal. outdated milk discarded

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

Name of Respondent: ELIZABETH WRIGHT Title: EXECUTIVE DIRECTOR

Establishment Name: MARION - GRANT CO. SENIOR CENTER

Address: 503 SO. GALLATIN, MARION, IN 46953