



**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>McAlister's Deli</i>	Telephone Number <i>(765) 293-9005</i>	Date of Inspection (mm/dd/yr) <i>5/4/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3912S Western Ave Marion</i>	() Owner <i>293-9005</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>David Blackburn</i>	Purpose: 1. <input checked="" type="radio"/> Routine	Summary of Violations: <i>C / NC R</i>	
Owner's Address <i>Franklin IN</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Amanda</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational		
Certified Food Handler <i>Amanda Silva exp 9-2027</i>	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>295</i>	<i>C</i>		<i>clean dishes stored on metal rack has food debris on them</i>	<i>Remove</i>

Received by (name and title printed): <i>Amanda Silva General manager</i>	Inspected by (name and title printed): <i>Devin Smith Pstc</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: 5/10/23

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 5-4-23.

Date: 5/14 Action Taken: Dishes that were dirty were rewashed.

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

Name of Respondent: Laura Farmer Title: asst GM

Establishment Name: McAlister's Deli

Address: 3912 S. Western Ave Marion, TN 46953