



**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>Meijer Store #153</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>1-27-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3820 S. Western Ave</i>		Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner <i>Meijer Store Limited Partners</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C - NC 2 R -</i>	
Owner's Address <i>2929 Walker Ave MI</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>Kenny - Store Director</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Kenny Felkner exp</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>295</i>	<i>NC</i>		<i>- Deli - Inside of trash can dried debris</i>	<i>Today</i>
			<i>- Meat - No violations</i>	<i>W</i>
<i>295</i>	<i>NC</i>		<i>- Bakery - Inside Microwave sealed (Not in use)</i>	
<i>295</i>	<i>NC</i>		<i>Plastic bins holding freezing - Sealed on outside</i>	
<i>295</i>	<i>NC</i>		<i>- Frozen - Dirt &amp; debris at bottom (ten x)</i>	
			<i>- Store - NO violation</i>	
			<i>- Dairy - NO violations</i>	

Received by (name and title printed): <i>Kenny Felkner</i>	Inspected by (name and title printed): <i>Scott K. Kimmel / Dan Smith</i>
Received by (signature): <i>Kenny Felkner</i>	Inspected by (signature): <i>Scott K. Kimmel / Dan Smith</i>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: \_\_\_\_\_

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 1-27-23.

DATE: 1/27/2023 Action Taken: Deli container/garbage etc has been cleaned we are going to train our team to clean every time they change out the bag

1/27/2023 microwave has been cleaned. we are going to follow up to make sure it's on our daily cleaning list.

Bins of frostings have been cleaned. This will be added to our daily cleaning list

1/27/2023 Frozen food has been cleaned. we are going to put together a weekly cleaning list.

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

Name of Respondent: Kenny Felkner Title: Store Director

Establishment Name: Meijer

Address: 3820 S. Western Ave. Marion IN 46953

Attach additional sheets as needed.