



**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>Needler Fresh Market</i>	Telephone Number <i>(705) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> 2-10-23	ID # 27
Establishment Address <i>1013 Forest Ave Marion</i>	<i>(662) Owner 2612</i>		
Owner <i>Go Fresh Encounter Inc</i>	Purpose: <u>1. Routine</u>	Follow-up <i>YOS</i>	Release Date <i>10 days</i>
Owner's Address <i>317 W MAIN CROSS off</i>	2. Follow-up	Summary of Violations: <i>3 NC 1 R 1</i>	
Person in Charge <i>Dave</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 2 3 <i>X</i> 4 5	
Certified Food Handler <i>John Cromwell exp 8/2027</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
430	NC	X	1/15 ceiling tile soaked (drinking color) in frozen area. this was Address 9-9-22	ASAP
109(B)	C			
191	C		- Deli - Various meats in cooler with expired sell by date - 2-9 / 2-8 / 2-5	
			2) Black Forest Ham 2-9 / 2) Chicken off the bone 2-8	
			3) Smoked Ham 2-9 4) Peppered Turkey breast 2-5	
			- Bakery -	
295	C		clean utensils in plastic tub - bottom of tub soaked w/ food	
			3 knives stored on a metal rack clean - touching rack that is soaked	
(3)			- Meat -	
430	NC		2 bay sink isn't draining has stagnant water	
324				

Received by (name and title printed): <i>DAVE EBER</i>	Inspected by (name and title printed): <i>Scott/Kendall Dean Small</i>
Received by (signature): <i>Dave Eber</i>	Inspected by (signature): <i>Scott/Kendall Dean Small</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2-14-23

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 2-10-23.

DATE:	Action Taken:
<u>2-10-23</u>	<u>VARIOUS DELI MEATS IN COOLER WERE DISPOSED OF</u>
<u>2-10-23</u>	<u>BAKERY UTENSILED REMOVED, CLEANED BOTH UTENCILS AND CONTAINER, MOVED CLEAN KNIVES TO ANOTHER LOCATION</u>
<u>2-10-23</u>	<u>DRAINED SEAFOOD SINK & CLEANED IT</u>
<u>2-14-23</u>	<u>REPLACED CEILING TILES IN FROZEN AREA AND ADJUSTED EXPANSION VALVES TO CASE TO HELP CORRECT CONDENSATION PROBLEM</u>

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

Name of Respondent: JOHN CROMWELL Title: STORE DIRECTOR

Establishment Name: NEEDLER'S FRESH MARKET

Address: 1013 N. FOREST AVE MARION, IN 46952

Attach additional sheets as needed.

