



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.

Form header with fields: Establishment Name (Newishawhoo Fresh), Telephone Number (762 Establishment, 674-9723 Owner), Date of Inspection (1-31-23), ID # (27), Establishment Address (1025 E MAIN ST GRANT CITY), Owner (LM Acquisition), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Owner's Address (7318 International DR OKLAHOMA), Person in Charge (MARV), Responsible Person's E-mail, Certified Food Handler (Ryan Mueller exp Dec 2024), Summary of Violations (C 1, NC -, R -), Menu Type (1, 2, 3, 4, 5).

• 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 191, C, , 2 - Country Fresh Cottage Cheese on shelf of Sell by date 1-24-23, Remove. Subsequent rows: - Deli - No violations, - Meat - No violations, - Produce - No violations, - Store - No violations.

Received by (name and title printed): M. Miller; Inspected by (name and title printed): Drew Snel; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]

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: 1-31-23

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 1-31-23.

DATE:	Action Taken:
<u>1/31</u>	<u>Product pulled and destroyed</u>
<u>2/1</u>	<u>All dairy persons washed on dates and rotation</u>

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

Name of Respondent: Mark Miller Title: Manager

Establishment Name: Neighborhood Fresh

Address: 1025 E Main Street Gas City

Attach additional sheets as needed.