



**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>Rallys 7247</i>	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) <i>4-3-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>612 Baldwin Ave</i>	() Owner	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Checkers Drive In</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input checked="" type="radio"/> 3. Complaint	Summary of Violations: <i>C - NC 2 R -</i>	
Owner's Address <i>4300 W Cypress St PI</i>	<input type="radio"/> 4. Pre-Operational	Menu Type (See back of page)	
Person in Charge <i>Alisha</i>	<input type="radio"/> 5. Temporary	<i>1 2 3 4 5</i>	
Responsible Person's E-mail	<input type="radio"/> 6. HACCP		
Certified Food Handler <i>Taraan Poles exp 8-2025</i>	<input type="radio"/> 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#	CNC	R	Narrative	To Be Corrected By
402	NC		Dust on ceiling front part of kitchen	<i>T. Jones</i>
295	NC		Beer splash of fountain machine to include underneath is soiled.	
			Complaint Not found	

Received by (name and title printed):	Inspected by (name and title printed): <i>Debra Durr</i>
Received by (signature): <i>Alisha Moore</i>	Inspected by (signature): <i>Debra Durr</i> <i>PST</i>
cc: <i>Alisha Moore</i>	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 4-6-23

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 4-3-23.

DATE:	Action Taken:
<u>4-3-23</u>	<u>Cleaned + scrubbed + sanitized back of fountain machine + under neath fountain machine.</u>
<u>4-5-23</u>	<u>Cleaned + scrubbed + dusted all ceiling tiles all over store! Everything cleaned + sanitized.</u>

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

Name of Respondent: Alisha Moore Title: General manager

Establishment Name: Rally's

Address: 1002 N. Baldwin Ave. Marion, IN 46952