



**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**

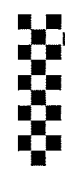
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>Taylor University - Dining Commons</i>		Telephone Number <i>765 Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>1-12-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>236 W Reade Ave Upland</i>		<i>998 Owner 4908</i>		
Owner <i>Parkhurst Dining LLC</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 DAYS</i>	
Owner's Address <i>285 E Waterfront Dr PA</i>	2. Follow-up	Summary of Violations: <i>C 3 NC 2 R</i>		
Person in Charge <i>Stephanie</i>	3. Complaint	Menu Type (See back of page) <i>1 2 3 4 X 5</i>		
Responsible Person's E-mail <i>[Redacted]</i>	4. Pre-Operational			
Certified Food Handler <i>Michael Ray exp 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
342	C		No Hot water available at hand SINK IN DISHWASH ROOM HAND SINK	ASAP
345	C		Hand SINK IN Dishroom has scouring pad, BRUSH and FORK ON SINK	Today
295	C		Soiled handled KNIFE Laying ON TOP OF Clean Utensils in Front Prep area	Today
295	NC		The Following NON FOOD CONTACT ITEMS are soiled with Food debris 1) Handles on TRUE cooler in Bakery 2) Hobart mixer in middle Prep area	Today
431	NC		Flooring in Prep area has Food debris on Floor and under Equipment	Today

Received by (name and title printed): <i>Stephanie Lang</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Smiley</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</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: 1/16/23

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 1-12-23.

DATE:	Action Taken:
342-	Work order placed 1/12/23 to fix sink
343-	Sink cleaned & cleared debris
295-	Re-trained staff on proper cleaning techniques & putting items away.
295-	Cleaned 1-handle on cover & 2-mixer. Re-trained staff on proper cleaning & schedules for cleaning.
431-	Work order placed 1/12/23 to repair broken tile tiles & floor cleaned.

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

Name of Respondent: Stephanie Lang Title: _____

Establishment Name: Taylor University - Dining Commons

Address: 2310 W. Reade Ave. Upland.

Attach additional sheets as needed.