



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>Team Station Pancake House</i>	Telephone Number <i>765-573-4621</i>	Date of Inspection (mm/dd/yr) <i>5-12-23</i>	ID # <i>29</i>
Establishment Address (number and street, city, state, ZIP code) <i>406 E 4th St.</i>	Owner <i>Socrates Montano</i>	Follow-up <i>NI</i>	Release Date <i>10 days</i>
Owner's Address <i>Marion</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 1 NC 2 R -</i>	
Person in Charge <i>Socrates</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Efrain Perez exp 7-2025</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
191	C		Needles & metal pit in cooker with date of 5-3-2023 - Also pineapple cuts	Remove
245	NC		Toiletries up, no date marking in walk-in cooler, wet wiping cloths lying throughout kitchen not in sanitizer water	10 days
295	NC		Side of fryer & below grill has dried food debris	

Received by (name and title printed): <i>Efrain Perez</i>	Inspected by (name and title printed): <i>Debra L... RST</i>
Received by (signature): <i>Efrain Perez</i>	Inspected by (signature): <i>Debra L... RST</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-12-23

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 5/12/23

Date:	Action Taken:
<u>5-12-23 (191)</u>	<u>Noodles discarded at the moment -</u>
<u>5-12-23 (245)</u>	<u>Containers on walking cooler been marked w/ date on it - - wiping cloths. Put on bleach - water bucket - (Sanitizer)</u>
<u>5-12-23 (295)</u>	<u>been cleaned between fryer and grill</u>

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

Name of Respondent: Efrain Perez Title: Manager

Establishment Name: Train Station Pancake House

Address: 406 E. 4th St. Marion IN. 46952