



**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>Walmart #1294</i>	Telephone Number <i>Walmart</i>	Date of Inspection <i>1-26-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3240 S. Western Ave</i>	Owner <i>Walmart</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Wal-Mart Stores East LP</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 2 NC 1 R</i>	
Owner's Address <i>702 S W St AR</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Kaleb</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Daniel Taylor exp Oct 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
<i>431</i>	<i>NC</i>		<i>Produce - Meat - Frozen Flooding in Frozen Freezer debris on floor</i>	
<i>191</i>	<i>C</i>		<i>In produce - 6 Market side super blend salads pulled sell by date 1-25-23</i>	
			<i>Meat Dept. - 8 Shrimp Cocktail with NO sell by date Also in Floor Cooler many packs of Tyson chicken wings sell by 1-21-23</i>	<i>pulled</i>
<i>431</i>	<i>NC</i>		<i>- Bakery - Flooding in Bakery cooler w/ trash debris on floor</i>	
<i>191</i>	<i>C</i>		<i>- Deli - 2 32oz Potato Salads (Market Side) sell by date 1-13-23 & 1-21-23</i>	<i>pulled</i>
<i>295</i>	<i>C</i>		<i>Tongs hanging by sink Clean - has dried food debris</i>	<i>Removed</i>

Received by (name and title printed): <i>Daniel Taylor</i>	Inspected by (name and title printed): <i>Scott Kerkwood</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>

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: January 27, 2023

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 1-26-23.

DATE:	Action Taken:
<u>1/26</u>	<u>Code 431 - Swept under bins and will continue follow-up on the bins</u>
<u>1/26</u>	<u>Code 191 - All fresh departments gone through for dates and plan in place to keep this from happening</u>
<u>1/26</u>	<u>Code 491 - Bakery cooler was swept & plan in place for daily cleanliness</u>
<u>1/26</u>	<u>Code 191 - Salads were gone through in detail for dates and plan in place to prevent from happening again</u>
<u>1/26</u>	<u>code 295 - Deli associates retrained on proper cleaning of utensils and walked off daily</u>

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

Name of Respondent: Ashley Custer Title: Food / Consumable Coach

Establishment Name: Wal-Mart

Address: 3240 South Western ave Marion, IN 46953

Attach additional sheets as needed.