



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>Bob Burns Restaurant</i>	Telephone Number (703) 201-9668	Date of Inspection (mm/dd/yr) 2-28-28	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>2609 S Western Ave</i>			
Owner <i>Bob Burns Restaurant LLC</i>	Purpose: 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>OH</i>	2. Follow-up		
Person in Charge <i>HN dren</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational		
Certified Food Handler <i>Andrea Davis exp 1-2029</i>	5. Temporary		
	6. HACCP		
	7. Other (list) <i></i>		
	Summary of Violations: <i>C — NC / R —</i>		
	Menu Type (See back of page) <i>1 2 3 / 4 5</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”

Received by (name and title printed):

Inspected by (name and title printed):

Friggatr

John J. H. S.

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Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 2/28/25

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 2/28/25

DATE ACTION TAKEN

2/28 434 - Coach staff on importance of daily +
closing cleaning. Making sure we get all grease
cleaned up after every shift. Staff started
cleaning site away.

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Bob Cuevas Title GM

Establishment Bob Cuevas

Address 2609 S Western Ave. Marion IN. 46953

Attach additional sheets as needed.