



**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 Bob Evans Restaurant #2067	Telephone Number (75) Establishment (65) Owner 651-9668	Date of Inspection (mm/dd/yr) 7/22/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2609 S. Western Ave., Miami			
Owner Bob Evans Restaurant LLC	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) _____	Follow-up NO	Release Date 100 Days
Owner's Address Same	Summary of Violations: R - RC - R 1		
Person in Charge Samie Mota	Menu Type (See back of page) 1 2 3 X 4 5		
Responsible Person's E-mail _____			
Certified Food Handler Andrea Davis			
	11/18/20		

- 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):

Trista Bingham

Inspected by (name and title printed):

Received by (signature):

Taish Brijker

Inspected by (signature)

CC:

CC:

CC

Grant County Health Department

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

Date: 7/23/25

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 7-22-25

DATE ACTION TAKEN

7/23 306-00 - Cleanned can apener
coached staff on daily cleaning
And clean after every use. Also
ordered a new one.

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

Name Andrea Davis Title GM

Establishment Bob Evans

Address 2609 S Western Ave. Marion
46953

Attach additional sheets as needed.