



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.

Form fields: Establishment Name (Bob Evans #2067), Telephone Number (681 Establishment), Date of Inspection (1-26-22), ID # (27), Establishment Address (2607 S. Western Ave Marion), Owner (Bob Evans Farms), Purpose (Routine), Follow-up (No), Release Date (10 days), Owner's Address (8111 Souths Mill Rd New Albany), Person in Charge (Andi Lee), Responsible Person's E-mail, Certified Food Handler (Andi Lee exp 6/2022)

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, NC, [blank], The following "Non food" contact items is soiled w/ dried food and/or grease, [blank]

Received by (name and title printed): Andrea Davis; Inspected by (name and title printed): David Small / PSH; Received by (signature): [Signature]; Inspected by (signature): [Signature]

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1/20/22

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 1-26-22.

DATE: 1/26/22 Action Taken: Coached employees to keep food handles cleaned and wiped after use. Employees fixed and are cleaning items that need cleaned.

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

Name of Respondent: Andrea Davis Title: GM

Establishment Name: Bob Evans

Address: 2609 S. Western Ave IN 46953