



RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT
State Form 48669 (R2-205)
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>Burger King #821</i>	Telephone Number () Establishment <i>(765) 664-5241</i>	Date of Inspection (mm/dd/yr) <i>3/26/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2109 So Western Ave., Marion</i>	Owner <i>Carrols LLC</i>		
Owner's Address <i>Some</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (is this a repeat violation?) <i>Remodel/Reopening</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Person in Charge <i>Brian / Becky</i>	Responsible Person's E-mail <i>_____</i>		
Certified Food Handler <i>Becky Jackson</i>	Certified Date <i>6/17/20</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
			<i>Floor tiles in front of prep sink - grout replaced and grout</i>	
			<i>* Hand Sink needs fixed/replaced before opening 3/28/25</i>	
			<i>Sliding doors</i>	
			<i>3 bay sink needs chaulking on back side</i>	
			<i>Sticker for Hand System</i>	

Received by (name and title printed): <i>_____</i>	Inspected by (name and title printed): <i>Angela M. Hallum</i>
Received by (signature): <i>Brian Glass 3-26-25</i>	Inspected by (signature): <i>_____</i>
cc:	cc: