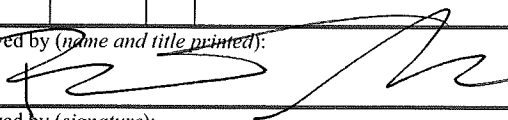
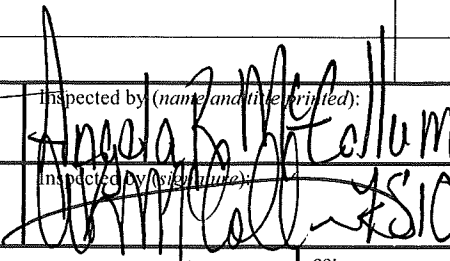


**GRANT COUNTY HEALTH DEPT.  
FOOD DIVISION  
401 SOUTH ADAMS STREET  
MARION, IN 46953**

Establishment Name <b>Burger King #821</b>		Telephone Number ( ) <b>785</b>		Date of Inspection (mm/dd/yr) <b>3/26/25</b>		ID # <b>27</b>	
Establishment Address (number and street, city, state, ZIP code) <b>2109 So Western Ave., Marion</b>		( ) Owner <b>664-5241</b>		Follow-up <b>NO</b>		Release Date <b>10 days</b>	
Owner <b>Carroll LLC</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. <u>Pre-Operational</u> 5. Temporary 6. HACCP 7. Other (list) <b>Remodel/Reopening</b>		Summary of Violations:  <b>C - NC - R -</b>			
Owner's Address <b>Same</b>							
Person in Charge <b>Brian / Becky</b>				Menu Type (See back of page)  <b>2 X 3 4 5</b>			
Responsible Person's E-mail							
Certified Food Handler <b>Becky Jackson 6/17/20</b>							
• 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	
			floor tiles in front of freezer / prep sink - cracked - needs replaced and grout * Hand sink needs fixed/replaced before opening 3/28/25 Hang maps 3 bay sink needs chaulking on back side Sticker for Hand System				
Received by (name and title printed):			Inspected by (name and title printed):				
 Received by (signature): <b>Brian Glass 3-26-25</b>			 Inspected by (signature): <b>Angela McCallum - #510</b>				
cc:			cc:			cc:	