



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 Burger King 821	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 2-7-24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2409 S Western Ave	104-5241	Follow-up NO	
Owner Carrols, LLC	Purpose: <u>1. Routine</u>	Release Date 10 days	Summary of Violations: C 1 NC 1 R -
Owner's Address 968 James St.	2. Follow-up	Menu Type (See back of page) 1 2 X 3 4 5	
Person in Charge Kelly m	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Katelynn Tunnell 10/8/25	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
310	NC		Ceiling vents in kitchen near sliced tomatoes soiled with dust	Today

Received by (name and title printed): Katelynn Tunnell	Inspected by (name and title printed): Amel Legave FSIO
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111

Fax 765-651-2419

DATE: 2-8-24

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 / April Legare from the Grant Co. Health Department on 2-7-24.

Date:

Action Taken:

2-12-24

Vent

Cleaned

2-7-24

Dated

pickles

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

Name of Respondent: Brian Glass Title: DM

Establishment Name: Burger King

Address: 2409 Western Ave