



**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 <i>Burger King # 826</i>	Telephone Number <i>(767) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>2-6-24</i>	ID # <i>27</i>
Establishment Address <i>1510 Kem Rd</i>	Owner <i>(767) 1556</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>Carols LLC</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input checked="" type="checkbox"/> 2. Follow-up	Summary of Violations: <i>C/ NC 4 R 3</i>	
Owner's Address <i>968 James St NY</i>	3. Complaint	Menu Type (See back of page)	
Person in Charge <i>Treva Smith</i>	4. Pre-Operational	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Responsible Person's E-mail	5. Temporary		
Certified Food Handler <i>Susan Powell exp 11/2024</i>	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
431	NC	N	Flooring through out kitchen to include under equipment Also in dining room along the walls - food debris, grease etc	Today
138	NC	R	Employee prep/cooking w/o a hair restraint - beard & goatee on	}
295	C		The following "Food Contact" items is soiled with dried food/other debris	
		X	1) Above fryer - warmer light	
			2) Food processor in back (not in use)	
295	NC		The following "Non Food" Contact items is soiled / w/ dried food, etc	
			1) Dust on monitor / cards on monitor by fryer	
			2) Spill area	
399	NC		Screws missing in metal plate in mens restroom	

Received by (name and title printed): <i>Treva Smith</i>	Inspected by (name and title printed): <i>Dana Smith</i>
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: 2-6-2024

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 2/6/24.

Date:	Action Taken:
<u>2-6</u>	<u>Ceiling of fry warmer has been deep cleaned.</u>
<u>2-6</u>	<u>Employees have been instructed on proper cleaning.</u>
<u>2-6</u>	<u>Employees have been retrained on proper hair restraint.</u>
<u>2-7</u>	<u>Dust on monitor above fry station has been cleaned.</u>
<u>2-7</u>	<u>Screws have been replaced in bathroom vents in mens restroom.</u>
<u>2-7</u>	<u>Employees have been retrained on proper cleaning schedule guidelines, including deck brushing underneath equipment and baseboards.</u>

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

Name of Respondent: Blake Eversgerd Title: RGM

Establishment Name: Burger King

Address: 1510 W Kem Rd