

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 parrative portion of this report.

The time time to correction of each violation is specified in the narrative portion of this report.					
Establishment Name				Telephone Number	Date of Inspection ID # (mm/dd/yr)
Burger King # 826				55Establishment	
Establishment Address, (number and street, city, state, ZIP code) 1510 Llm RO MGUNN				66 4 Pwner, 556	13122X/
Owner (GPAGE))				Purpose:	Follow-up Release Date
Owner's Address				2. Follow-up	
968 James St NV				-	Summary of Violations: /
Person in Charge				3. Complaint	$C = NC \ge R$
BRIAN				4. Pre-Operational	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)
				6. HACCP	\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Certified Food Handler				7. Other (list)	12/_345
Jaantia Mooro Ftp D-17-26					
• 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
295	NC	X	Deep FRYOR TRAY UND	en Vents ,	to todal
		7	INCLUDE SHELVING ON		295
		 		Sod dehale	
			heavily ghease and o	OOD WEDVELS	
MDI	110			1/ /0/ 00/	1-
45(NC		Floor Wg + hroughout	KITCHEN	70
			INCIPAL UNDER EGUIPY	hent (5,5/1)	ppery)
			with grease and I	Tood debut	5 \
			/		
		†			
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Received by (name and title printed): Inspected by (name and title printed):					
Kian (5/655) Scott Killenball					
Received by (signature): Inspected by (signature):					
1 Stott Kellendull TSO					
cc: cc: cc:					