



**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 821</i>	Telephone Number ( ) Establishment <i>( ) Owner</i>	Date of Inspection (mm/dd/yr) <i>2-7-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2409 S Western Ave</i>	<i>604-5241</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Carrols, LLC</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 1 NC 1 R -</i>	
Owner's Address <i>968 James St.</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Katelynn</i>	3. Complaint	<i>1 2 X 3 4 5</i>	
Responsible Person's E-mail	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list)		
Certified Food Handler <i>Katelynn Tunnell 10/8/25</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>310</i>	<i>NC</i>		<i>Ceiling vents in kitchen near sliced tomatoes soiled with dust</i>	<i>Today</i>

Received by (name and title printed): <i>Katelynn Tunnell</i>	Inspected by (name and title printed): <i>Paul Legare FS10</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: