



**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>Cinnamon / Annies & Flying J Store</i>	Telephone Number <i>(765) 673 0059</i>	Date of Inspection (mm/dd/yr) <i>1-3-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6255 ST Rd 1B Marion</i>	Owner <i>673 0059</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Pilot Travel Center</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Summary of Violations: <i>C 3 NC 1 R</i>	
Owner's Address <i>5508 Jones Rd TN</i>	Person in Charge <i>Tyler</i>	Menu Type (See back of page) <i>1 2/3 4 5</i>	
Responsible Person's E-mail	Certified Food Handler <i>Sarah Brown 2022</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>- Deli -</i>	
<i>295</i>	<i>C</i>		<i>Utensils on rack stored clean in tub however all of them were dirty.</i>	<i>Removed</i>
<i>306</i>	<i>NC</i>		<i>Food system has grease build up.</i>	<i>10 days</i>
			<i>- Annies -</i>	
<i>295</i>	<i>C</i>		<i>2 tubs of tubs sitting on rack next to mixer all dishes in tubs soiled - per employee they should be clean.</i>	<i>Removed</i>
			<i>- Store -</i>	
<i>295</i>	<i>C</i>		<i>Ice Machine in back under metal lid there is a dark residue. Needs cleaned.</i>	<i>Today</i>

Received by (name and title printed): <i>David Manship</i>	Inspected by (name and title printed): <i>Dean Smith PSTC</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 1-6-2020

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 1-3-20.

DATE:	Action Taken:
<u>1-3-2020</u>	<u>Utensils & Rack cleaned. Covers added</u>
<u>1-3-2020</u>	<u>Hood vent removed & cleaned</u>
<u>1-3-2020</u>	<u>Tubs removed, cleaned, & replaced with lids</u>
<u>1-3-2020</u>	<u>Large ice machine cleaned</u>

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

Name of Respondent: Sarah Brown Title: Manager
Establishment Name: Flying J 1086 / Cinnamon / Amies
Address: 6255 E. St. Rd 18 Marion

o Attach additional sheets as needed.