



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 57480 (R2 / 4-25)  
INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

Release Date

10 Days

Date

Time In

Time Out

ID# 27

No. of Risk Factor/Intervention Violations

0

No. of Repeat Risk Factor/Intervention  
Violations

0

Establishment  
City of Marion  
2025-113

Address  
2307 Southern Ave Marion IN  
Permit Holder  
Raymond Rountree

City/State  
46953  
Purpose of Inspection  
Routine

Zip Code  
46953  
Est. Type  
3

Telephone  
755734955  
Risk Category  
3

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/A, N/O) for each numbered item  
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R  
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
<b>Supervision</b>			
1 IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties	
2 IN	OUT N/A N/O	Certified Food Protection Manager	
<b>Employee Health</b>			
3 IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4 IN	OUT N/A N/O	Proper use of restriction and exclusion	
5 IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events	
<b>Good Hygienic Practices</b>			
6 IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use	
7 IN	OUT N/A N/O	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8 IN	OUT N/A N/O	Hands clean & properly washed	
9 IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
10 IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible	
<b>Approved Source</b>			
11 IN	OUT N/A N/O	Food obtained from approved source	
12 IN	OUT N/A N/O	Food received at proper temperature	
13 IN	OUT N/A N/O	Food in good condition, safe, & unadulterated	
14 IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction	
<b>Protection from Contamination</b>			
15 IN	OUT N/A N/O	Food separated and protected	
16 IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized	

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
<b>Safe Food and Water</b>			
30		Pasteurized eggs used where required	
31		Water & ice from approved source	
32		Variance obtained for specialized processing methods	
<b>Food Temperature Control</b>			
33		Proper cooling methods used; adequate equipment for temperature control	
34		Plant food properly cooked for hot holding	
35		Approved thawing methods used	
36		Thermometers provided & accurate	
<b>Food Identification</b>			
37		Food properly labeled; original container	
<b>Prevention of Food Contamination</b>			
38		Insects, rodents, & animals not present	
39		Contamination prevented during food preparation, storage & display	
40		Personal cleanliness	
41		Wiping cloths: properly used & stored	
42		Washing fruits & vegetables	

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43		In-use utensils: properly stored	
44		Utensils, equipment & linens: properly stored, dried, & handled	
45		Single-use/single-service articles: properly stored & used	
46		Gloves used properly	
<b>Utensils, Equipment and Vending</b>			
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
48		Warewashing facilities: installed, maintained, & used; test strips	
49		Non-food contact surfaces clean	
<b>Physical Facilities</b>			
50		Hot & cold water available; adequate pressure	
51		Plumbing installed; proper backflow devices	
52		Sewage & wastewater properly disposed	
53		Toilet facilities: properly constructed, supplied, & cleaned	
54		Garbage & refuse properly disposed; facilities maintained	
55		Physical facilities installed, maintained, & clean	
56		Adequate ventilation & lighting; designated areas used	

Person In Charge (Signature)

Date:

Oct 7 2025

Inspector (Signature)

Follow-up: YES  NO  (Circle one) Follow-up Date: