



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 <b>Ballantine #01285</b>	Telephone Number ( ) Establishment <b>765</b> ( ) Owner <b>573-0440</b>	Date of Inspection (mm/dd/yr) <b>5/28/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>31655 Western Ave. Marion</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>yes</b>	Release Date <b>10 days</b>
Owner <b>Ballantine Studio, INC</b>		Summary of Violations: <b>P - PF - C 1</b>	
Owner's Address <b>same</b>		Menu Type (See back of page) <b>1 X 2 3 4 5</b>	
Person in Charge <b>John Kelly / Jackie Israel</b>			
Responsible Person's E-mail			
Certified Food Handler <b>N/A</b>			

• 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
430(a)	C		Physical Facilities - no need of repair floor heavily soiled with black debris - throughout store Dust on HVAC system - needs cleaned Back storage room heavily with merchandise to include through out store * District Manager Jackie Israel came in - Brought maintenance team to clean up store to get them on track *	30 days

Received by (name and title printed): <b>Jacky Israel</b>	Inspected by (name and title printed): <b>Angela R. Collum</b>
Received by (signature): <b>Jacky Israel</b>	Inspected by (signature): <b>Angela R. Collum</b>
cc:	cc: