



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>Elk's Lodge 195</i>	Telephone Number (765) 9818	Date of Inspection <i>5-14-28</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1100 E Bond Ave</i>	Establishment Owner <i>Michael Hendrickson</i>		
Owner <i>Members</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>Ni</i>	Release Date <i>10 day</i>
Owner's Address <i>Suite</i>	Summary of Violations: <i>P / PF / C /</i>		
Person in Charge <i>Michael Hendrickson</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Responsible Person's E-mail <i>Michael.Hendrickson@elkslodge195.com</i>			
Certified Food Handler <i>Michael Hendrickson</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/N/C	R	Narrative	To Be Corrected By
221	P	F	Labeling of all food out of original packaging IE - meat etc in cooler NO labeling	To Do
214	P		No date marking on meat etc in cooler	
227	C		Flooring around equipment has grease / food	
			P - Priority	(Critical)
			PF - Priority Followup	(Needs Attn ASAP)
			C - Core	(Non)

Received by (name and title printed):

Michael R. Hendrickson, Treasurer

Inspected by (name and title printed):

Deon Bell

Received by (signature):

Michael R. Hendrickson

Inspected by (signature):

Deon Bell RFO

cc:

cc:

cc: