



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

7-26

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 Fauntount Market	Telephone Number (965) Establishment 536-9380	Date of Inspection (mm/dd/yr) 7-15-2025	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1201 North Main St, Fauntount	Owner Kyle Eccles	Follow-up Yes	Release Date 10 Days
Owner's Address Same	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: P-4 R-4	
Person in Charge Jackie	Responsible Person's E-mail	Menu Type (See back of page) 1 2 3 X 4 5	
Certified Food Handler Jackie Montz 3/12/25			

• 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/C	R	Narrative	To Be Corrected By
307	C		Papnories soiled - needs cleaned	To Jack
450(a) PF			Gap on South Side of building allows	
421	C		birds/pets in	
306(a) C			The following non food contact areas soiled with food and other debris 1. Cooler doors and handles in kitchen 2. Reach-In cooler outside doors 3. Bottom inside meat freezer soiled	
430(a) PF			No towels at both hand sinks	
306(a) PF			Inside Hot/Cold deli case soiled with dry food and other debris	
P - Priority = Critical PF - Priority Foundation = ASAP C - core = NonCritical				
Received by (name and title printed):			Inspected by (name and title printed): Angela R. McCallum	
Received by (signature):			Inspected by (signature): Angela R. McCallum	
cc: Jackie Montz		cc:		cc:

NARRATIVE REPORT

Establishment Name			Address	Inspection Date
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
214	(C)FF		<p>The following food items on shelf use by - sell by</p> <p>2 banana pudding 7/9/25 } deli</p> <p>4 chicken salad } deli</p> <p>2 Cherry delights } deli</p> <p>1 Strawberry delight } deli</p> <p>1 caramel chicken 7/13/25 (deli)</p> <p>3 Bockwurst mashed potatoes 7/13/25</p> <p>1 main st. Mac n Cheese 7/13/25</p>	Today
443	(A)C	+15	<p>tiles (ceiling) throughout store brown in color - need replaced</p>	
Received By (Name & Title)			Inspected By (Name & Title)	Page 2 of 2