



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

Release Date

3 days

Date

1/06/26

No. of Risk Factor/Intervention Violations

3

Time In

Time Out

No. of Repeat Risk Factor/Intervention Violations

0

Establishment

Firewater Mill

Address

1001 N. Washington St. Marion, IN

City/State

Zip Code

46952

Telephone

(765) 573-4644

License/Permit #

2025-341

Permit Holder

Purpose of Inspection

Routine

Est. Type

3

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

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

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status

COS R

Supervision

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

Employee Health

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

Good Hygienic Practices

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

Preventing Contamination by Hands

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

Approved Source

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

Protection from Contamination

15 IN OUT N/A N/O Food separated and protected

16 IN OUT N/A N/O Food-contact surfaces; cleaned & sanitized

Compliance Status

COS R

17 IN OUT N/A N/O Proper disposition of returned, previously served, reconditioned & unsafe food

Time/Temperature Control for Safety

18 IN OUT N/A N/O Proper cooking time & temperatures

19 IN OUT N/A N/O Proper reheating procedures for hot holding

20 IN OUT N/A N/O Proper cooling time and temperature

21 IN OUT N/A N/O Proper hot holding temperatures

22 IN OUT N/A N/O Proper cold holding temperatures

23 IN OUT N/A N/O Proper date marking and disposition

24 IN OUT N/A N/O Time as a Public Health Control; procedures & records

Consumer Advisory

25 IN OUT N/A N/O Consumer advisory provided for raw/undercooked food

Highly Susceptible Populations

26 IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered

Food/Color Additives and Toxic Substances

27 IN OUT N/A N/O Food additives: approved & properly used

28 IN OUT N/A N/O Toxic substances properly identified, stored, & used

Conformance with Approved Procedures

29 IN OUT N/A N/O Compliance with variance/specialized process/HACCP

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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

Safe Food and Water

30 IN OUT N/A N/O Pasteurized eggs used where required

31 IN OUT N/A N/O Water & ice from approved source

32 IN OUT N/A N/O Variance obtained for specialized processing methods

Food Temperature Control

33 IN OUT N/A N/O Proper cooling methods used; adequate equipment for temperature control

34 IN OUT N/A N/O Plant food properly cooked for hot holding

35 IN OUT N/A N/O Approved thawing methods used

36 IN OUT N/A N/O Thermometers provided & accurate

Food Identification

37 IN OUT N/A N/O Food properly labeled; original container

Prevention of Food Contamination

38 IN OUT N/A N/O Insects, rodents, & animals not present

39 IN OUT N/A N/O Contamination prevented during food preparation, storage & display

40 IN OUT N/A N/O Personal cleanliness

41 IN OUT N/A N/O Wiping cloths: properly used & stored

42 IN OUT N/A N/O Washing fruits & vegetables

Compliance Status

COS R

Proper Use of Utensils

43 IN OUT N/A N/O In-use utensils: properly stored

44 IN OUT N/A N/O Utensils, equipment & linens: properly stored, dried, & handled

45 IN OUT N/A N/O Single-use/single-service articles: properly stored & used

46 IN OUT N/A N/O Gloves used properly

Utensils, Equipment and Vending

47 IN OUT N/A N/O Food & non-food contact surfaces cleanable, properly designed, constructed, & used

48 IN OUT N/A N/O Warewashing facilities: installed, maintained, & used; test strips

49 IN OUT N/A N/O Non-food contact surfaces clean

Physical Facilities

50 IN OUT N/A N/O Hot & cold water available; adequate pressure

51 IN OUT N/A N/O Plumbing installed; proper backflow devices

52 IN OUT N/A N/O Sewage & wastewater properly disposed

53 IN OUT N/A N/O Toilet facilities: properly constructed, supplied, & cleaned

54 IN OUT N/A N/O Garbage & refuse properly disposed; facilities maintained

55 IN OUT N/A N/O Physical facilities installed, maintained, & clean

56 IN OUT N/A N/O Adequate ventilation & lighting; designated areas used

Person In Charge (Signature)

[Signature]

Date:

1/06/2024

Inspector (Signature)

[Signature]

Follow-up: YES NO (Circle one)

Follow-up Date:

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 3/06/2026

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH
DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health
Department Food Safety Officer Dean Small / Angela McCollum on _____

DATE	ACTION TAKEN
1-6	Told Server and talked to Staff on keeping up w/ it.
1-6	Told cook to clean and make sure kept up.
1-7	Took class, printed and hung on wall

(Please forward this form to the Grant County Health Department by
Mail / Fax with 10 days)

Name Lois Lyons Title General Manager
Establishment Firewater Mill
Address 1001 N. Washington Street