



**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>Flying J Travel Plaza</b>	Telephone Number ( ) Establishment <b>1073-0059</b>	Date of Inspection (mm/dd/yr) <b>2/9/24</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>6255 Stak Rd 18E</b>	Owner <b>Pilot Travel Centers</b>	Follow-up <b>10 days</b>	Release Date <b>10 days</b>
Owner's Address <b>Same</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C - NC 3 R 1</b>	
Person in Charge <b>Tiffany</b>		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Responsible Person's E-mail			
Certified Food Handler <b>Tiffany Bishir 7/23/26</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
175	NC	✓	Apples in basket being sold without being wrapped	Today
297	NC		CAPPUCCINO MACHINE soiled with dried powder	}
324	NC		Ice cream freezer heavily iced over product	

Received by (name and title printed): <b>Tiffany Bishir TCGM</b>	Inspected by (name and title printed): <b>April Legare</b>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

Feb. 9. 2024 12:36PM

No. 5356 P. 1

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111  
Fax 765-651-2419

DATE: 2-9-24

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

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

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Deen Small / April Legare from the Grant Co. Health Department on 2-9-24

Date: 2-9-24 Action Taken: We have wrapped all apples and will do so go forward.

2-9-24 Brenda wiped down the cappuccino machine.

2-9-24 LAVIN took the ice cream processor to the back and de iced it. Now its clean with no ice.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Tiffany Bisher Title: TCGM

Establishment Name: Flying J

Address: 6255 St Rt. 10E

Attach additional sheets as needed.