



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 (0ms)

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 Brant County Juv/Adts Post 5	Telephone Number (765) Establishment Owner 674 2400	Date of Inspection (mm/dd/yr) 5-16-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 705 W. 37th St., Marion			
Owner Brant County Juv/Adts Post 5	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) P1 PF - C -	Follow-up NO	Release Date 10 Days
Owner's Address Spring	Summary of Violations:		
Person in Charge Lishley	Menu Type (See back of page)		
Responsible Person's E-mail —	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler Stacy Connor	12/4/23		

- 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"

Received by (name and title printed):

Inspected by (name and title, printed):

Ashley Hevner

Received by (signature):

inspected by signature

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Grant County Health Department

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

Date:

5-16-25

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 5-16-25

DATE ACTION TAKEN

5/16/25 Cleaned

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

Name Stacey Cannon Title SERVE SAFE MANAGER

Establishment Anvils Post 5

Address 705 W. 37th St. Marion, IN 46953

Attach additional sheets as needed.