
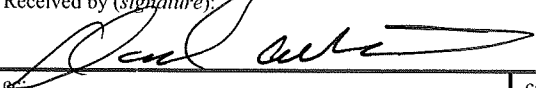
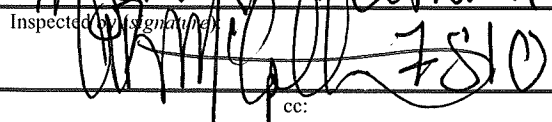


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Hardee's</b>		Telephone Number ( ) <b>765</b> <b>5175926</b>		Date of Inspection (mm/dd/yr) <b>3/21/25</b>		ID # <b>27</b>	
Establishment Address (number and street, city, state, ZIP code) <b>3808 So Western Ave, Marion</b>		Owner <b>Midwest First Star INC</b>		Follow-up <b>NO</b>		Release Date <b>10/1/2025</b>	
Owner's Address <b>Same</b>		Person in Charge <b>Dave</b>		Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		Summary of Violations:  C <u>  </u> NC <u>  </u> R <u>  </u>	
Responsible Person's E-mail		Menu Type (See back of page) <b>1</b> <u>  </u> <b>2</b> <u>  </u> <b>3</b> <u>  </u> <b>4</b> <u>  </u> <b>5</b> <u>  </u>					
Certified Food Handler <b>David Atkins</b>		<b>12/2026</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			
			<b>No Violations</b> 				
Received by (name and title printed): <b>David Atkins</b>				Inspected by (name and title printed): <b>Angela R. McCallum</b>			
Received by (signature): 				Inspected by (signature): 			
cc:				cc:			