



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 <i>Hardie's</i>	Telephone Number () 765 <i>5175926</i>	Date of Inspection (mm/dd/yr) <i>3/21/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3808 So Western Ave, Marion</i>			
Owner <i>Midwest Finest Inc INC</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up	Release Date <i>NO HOLD</i>
Owner's Address <i>Some</i>	2. Follow-up	Summary of Violations: <i>C NC R</i>	
Person in Charge <i>Dave</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational		
Certified Food Handler <i>David H. Lind</i>	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1	2
	7. Other (list) <i>12/2026</i>	3	4
		5	

- 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):

Received by (sign name)

1966-1967