



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

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**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

7-26

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>Handle's</i>	Telephone Number () Establishment <i>715</i> () Owner <i>5175926</i>	Date of Inspection (mm/dd/yr) <i>8/5/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3808 S. Western Ave, Marion</i>			
Owner <i>Midwest First Inc</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <i>Tara Nicodemus</i>	Follow-up <i>NO</i>	Release Date
Owner's Address <i>Sample</i>	Summary of Violations: <i>P - PF - C 2</i>		
Person in Charge <i>Tara Nicodemus</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Responsible Person's E-mail <i>Tara.Nicodemus@midwestfirst.com</i>			
Certified Food Handler <i>Tara Nicodemus</i>			
Signature <i>Tara Nicodemus</i>			
Date <i>10/26/23</i>			

- 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/N/C	R	Narrative	To Be Corrected By
306c	C		<p>The following non fixed contact areas overlap with dry food, grease and/or other debris - around and in between fry dump and fryers</p> <p>that above does not include the ceiling above grill</p>	ASAP
418	C			

Received by (name and title printed):

Jim Cornhill

Inspected by (name and title printed):

Received by (signature):

ived by (signature):

Inspected by (signature):

CC:

CC:

CC