



**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>Hardee's</b>	Telephone Number <b>705</b> Establishment	Date of Inspection (mm/dd/yr) <b>2-23-22</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4950 Beaver Blvd Gas City</b>	( ) Owner <b>674-0000</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Midwest First Star INC</b>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <b>C NC 3 R 2</b>	
Owner's Address <b>1850 Tossing Mave Ct OH</b>	<input type="radio"/> 2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>Jacquelyn N</b>	<input type="radio"/> 3. Complaint	<b>1 2 X 3 4 5</b>	
Responsible Person's E-mail <b></b>	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <b>Roger Armstrong Exp 2-4-2023</b>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 7. Other (list)		

- 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
324	NC		1) Faucet by Front Customer Desk is Running non stop & needs repaired 2) Faucet by back Prep area nozzle is heavily soiled with white corrosion	ASAP
298	NC	X	Microwaves soiled with food debris today on inside and out. Heavily stained on inside from being older	}
295	NC		The following non-food contact items are soiled with food debris 1) Bottom cooler under FF X 2) Around upper edges under lid on Ham burger holder to include top of lid	

Received by (name and title printed): <b>Jacquelyn Perry</b>	Inspected by (name and title printed): <b>Scott Kikendall</b>
Received by (signature): <b>Jacquelyn Perry</b>	Inspected by (signature): <b>Scott Kikendall FS/O</b>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 2-23-22

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 Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-23-22.

DATE: 2-23-22 Action Taken: 304-298 - Microwaves was cleaned inside and out.

2-23-22 295 coolers was cleaned and wiped out. 295-2 cleaned hand sink area cleaned higher up about the 295-2 cleaned table lid and surrounding area  
2-23-22 304-1 cleaned hand sink nozzles on all sinks 304-2 informed higher up about the faucet running non-stop

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

Name of Respondent: Jacquelyn Perry Title: GM

Establishment Name: Hardees

Address: 4950 Beaver Blvd Gas City