



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.

Form with fields: Establishment Name (Horners Market), Telephone Number (765), Date of Inspection (9-15-20), ID # (27), Establishment Address (201 N Main St Fairmount), Owner (Verlin Horner), Owner's Address (1124 Overlook Marion), Person in Charge (Jackie Martz), Responsible Person's E-mail, Certified Food Handler (Jackie Martz), Purpose (Routine), Follow-up (No), Release Date (10 days), Summary of Violations (C 1 NC 2 R 3), Menu Type (1 2 3 X 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Rows include violations 176 (walk in freezer has ice on product), 177 (food stored on floor in boxes in walk in freezer), and 191 (items on shelf for sale and were out of sale date: Eckrich sausages, Miller chicken thighs, Eckrich thin sliced ham).

Received by (name and title printed): Jackie Martz
Inspected by (name and title printed): Scott Kikendall / Dean Small
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: []

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 9.7.20

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 8-28-20.

| DATE: | Action Taken: |
|-------------|---|
| <u>8/28</u> | <u>ALL NON-FOOD CONTACT AREAS CLEANED Sec # 295</u> |
| <u>"</u> | <u>CLEANED CAN OPENER</u> |
| <u>"</u> | <u>TALKED TO EMPLOYEE RE: CHANGING GLOVES</u> |
| <u>"</u> | <u>CLEANED MICROWAVE</u> |
| <u>"</u> | <u>CLEANED UNDER FRYERS</u> |
| | <u>CALLING PERSON TO CLEAN HOOD VENTS</u> |
| | |
| | |
| | |

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

Name of Respondent: ISAAC HORNER Title: MANAGER

Establishment Name: HORNER'S BUTCHER BLOCK

Address: 825 E. 30TH MARION, IN 46953

Attach additional sheets as needed.

