



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 48669 (R2/2-05)

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**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>IHOP 3313</b>	Telephone Number <b>(765) 662-9490</b>	Date of Inspection <b>3/4/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3038 S. Western Ave</b>	( ) Owner <b>(662-9490)</b>		
Owner <b>RMLS IHOP Indiana LLC</b>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <hr/>	Follow-up <b>NO</b>	Release Date <b>10 Days</b>
Owner's Address <b>Phoenix AZ</b>	Summary of Violations:  <b>C 1 NC 3 R 0</b>		
Person in Charge <b>Daisha</b>	Menu Type (See back of page)  <b>1 2 3 <input checked="" type="checkbox"/> 4 5</b>		
Responsible Person's E-mail <hr/>			
Certified Food Handler <b>Trae Gershoff</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"

Received by (name and title printed):

Tracy Gerstloff

Received by (signature):

Received by (signature):  
Topher M

cc:

cc:

Inspected by (name and title printed)

John Pearson II

Inspected by (signature):

Inspected by (signature):  
John Person II

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