



RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention Violations

Date

Time In

Time Out

Establishment

Address

City/State

Zip Code

Telephone

License/Permit #

Permit Holder

Purpose of Inspection

Est. Type

Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1	IN OUT N/A N/O		
Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A N/O		
Certified Food Protection Manager			
Employee Health			
3	IN OUT N/A N/O		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT N/A N/O		
Proper use of restriction and exclusion			
5	IN OUT N/A N/O		
Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices			
6	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco products use			
7	IN OUT N/A N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	IN OUT N/A N/O		
Hands clean & properly washed			
9	IN OUT N/A N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN OUT N/A N/O		
Adequate handwashing sinks properly supplied and accessible			
Approved Source			
11	IN OUT N/A N/O		
Food obtained from approved source			
12	IN OUT N/A N/O		
Food received at proper temperature			
13	IN OUT N/A N/O		
Food in good condition, safe, & unadulterated			
14	IN OUT N/A N/O		
Required records available: molluscan shellfish identification, parasite destruction			
Protection from Contamination			
15	IN OUT N/A N/O		
Food separated and protected			
16	IN OUT N/A N/O		
Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS	R
17	IN OUT N/A N/O		
Proper disposition of returned, previously served, reconditioned & unsafe food			
Time/Temperature Control for Safety			
18	IN OUT N/A N/O		
Proper cooking time & temperatures			
19	IN OUT N/A N/O		
Proper reheating procedures for hot holding			
20	IN OUT N/A N/O		
Proper cooling time and temperature			
21	IN OUT N/A N/O		
Proper hot holding temperatures			
22	IN OUT N/A N/O		
Proper cold holding temperatures			
23	IN OUT N/A N/O		
Proper date marking and disposition			
24	IN OUT N/A N/O		
Time as a Public Health Control; procedures & records			
Consumer Advisory			
25	IN OUT N/A N/O		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	IN OUT N/A N/O		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
27	IN OUT N/A N/O		
Food additives: approved & properly used			
28	IN OUT N/A N/O		
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
29	IN OUT N/A N/O		
Compliance with variance/specialized process/HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & wastewater properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date:

Inspector (Signature)

Follow-up: YES NO (Circle one)

Follow-up Date:

2026-3/2 May 13 2026
License/Permit # Date

Establishment	Address	City/State	Zip Code	Telephone
Summit	1010 Lem Rd	Marion	49662	—

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance **OUT**=not in compliance

N/A=not applicable

COS=corrected on-site during inspection

R=repeat violation

Compliance Status			COS	R	Compliance Status			COS	R
57	IN OUT N/A N/O	Outdoor Food Operation			58	IN OUT N/A N/O	Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
210 P-35	Improper thawing of meat - needs to be thawed under constant running water, microwave on low, or Refrigeration overnight	COS
421 C-38	Gap under back door - needs a door sweep - protected opening to prevent entry of pests and weather	30 days
415 C-55	Dust on vents above hood area - needs cleaned to prevent contamination of food	
442 C-56		

Person In Charge (Signature)	Date: 5/13/20
Inspector (Signature)	Date: 5/13/20

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 5/29/24

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 5-13-26

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>5/13/26</u>	<u>V/E Educated Employee on proper "speed" throwing technique, where chicken would be placed under constant running water. But ideally chicken should be thrown in walk-in cooler 24 hours before use.</u>

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Matt Koontz Title Member Koontz Franch.
Establishment Jimmy John's
Address 1610 W Kem Road, MARION, IN 46952