



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 <u>Kentucky Fried Chicken</u>	Telephone Number (<u>765</u>) <u>662-2207</u>	Date of Inspection (mm/dd/yr) <u>4/4/25</u>	ID # <u>27</u>
Establishment Address (number and street, City, State, ZIP Code) <u>1301 West 16th St. Marion</u>	(<u>662</u>) <u>2207</u>	Follow-up <u>NO</u>	Release Date <u>10/10/25</u>
Owner <u>Mary Beth Robert Lutenberger</u>	Purpose: 1. Routing 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: <u>C</u> <u>1</u> <u>NC</u> <u>2</u> <u>R</u> <u>2</u>	
Owner's Address <u>Same</u>		Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Person in Charge <u>Brandon</u>			
Responsible Person's E-mail _____			
Certified Food Handler <u>Brandon Columbus 12/4/23</u>			

• 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
295	NC		The follow New Ford Contact area has have dark deterioro and or any food and dust ✓ 1. Wash in cooler walls, floors, and fans 2. Wash in freezer floor, and fans 3. Baker/ladder Rack	today
409	NC	✓	HVAC system has dust on them to include ceiling tiles throughout kitchen	
295	C		Dust on shelf above food prep serving line.	

Received by (name and title printed): <u>Brandon Columbus General Manager</u>	Inspected by (name and title printed): <u>Angela M. Callum</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc:

Operator Response to Inspection
State Form 80047 (2-01)

Grant County Health Department

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

Date: April 14, 2025

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 4/14/25

<u>DATE</u>	<u>ACTION TAKEN</u>
<u>April 14, 2025</u>	<u>Meeting with K&N + Shift Managers / discussed plan to correct problems with cleaning</u>
<u>April 15, 2025</u>	<u>Meeting held with all employees - cleaning task assigned + discussion of when</u>
<u>how often to do extra cleaning tasks to prevent dust/bulk up around the store to help maintain</u>	<u>cleanliness. Called company to set up date for cleaning of food waste.</u>

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

Name Dean Small Title Food Manager

Establishment K&N Food Center

Address 1301 West 16th Street Marion Indiana

Attach additional sheets as needed.