



## 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

7-26

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	Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr)	ID #			
Establishment Address (number and street, City, State, ZIP code)	( ) Owner	7/30/23	27			
Owner	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up yes	Release Date 15 Days			
Owner's Address		Summary of Violations:				
Person in Charge		P - P2 C4				
Responsible Person's E-mail		Menu Type (See back of page)				
Certified Food Handler	12/4/23	1	2	3	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"

Section#	C/NC	R	Narrative	To Be Corrected By
306(a)PF			Quinton ceiling went light fixture above back food prep line	Today
442(a)C			Cooler & freezer doors are not closing all the way	ASAP
236(a) C			walk in cooler floor in front of cooler has water pooling on floor	
306(a)PF			Walk in cooler has dock debris on walls & ceiling	
306(a) C			The following non food contact item heavily soiled with dry food grease and other debris	Today
			1. Outside of all grills to include walls & floor around grills	
			2. Hood vents, to include outside	

Received by (name and title printed):

*Brandon Clark*

Received by (signature):

*Brandon Clark*

Inspected by (name and title printed):

*Angela Hallum DeRemy*

Inspected by (signature):

*Angela Hallum DeRemy*

cc:

cc:

cc:

# NARRATIVE REPORT

Received By (Name & Title)

Inspected By (Name & Title)

Page 2 of 2