



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

Release Date

9-18-2025

Date
Time In
Time Out

No. of Risk Factor/Intervention Violations

5

No. of Repeat Risk Factor/Intervention
Violations

2

Establishment	Address	City/State	Zip Code	Telephone
Kentucky Fried Chicken	1301 W 16th St	Marion IN	46953	765-662-2207
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
2025-149	Mary Beth Roberts	Review	3	3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
1 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN OUT	N/A <input checked="" type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures
Employee Health						
3 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding
4 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Proper cooling time and temperature
5 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Procedures for responding to vomiting and diarrheal events	X	21 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Proper hot holding temperatures
Good Hygienic Practices						
6 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Proper cold holding temperatures
7 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input checked="" type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Time as a Public Health Control; procedures & records
9 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Adequate handwashing sinks properly supplied and accessible		25 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food obtained from approved source		Highly Susceptible Populations		
12 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food received at proper temperature		26 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Pasteurized foods used; prohibited foods not offered
13 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food in good condition, safe, & unadulterated		27 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Food additives: approved & properly used
14 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input checked="" type="checkbox"/> N/O	Required records available: molluscan shellfish identification, parasite destruction		28 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food separated and protected		Conformance with Approved Procedures		
16 <input checked="" type="checkbox"/> <input type="checkbox"/> OUT	N/A <input type="checkbox"/> N/O	Food-contact surfaces; cleaned & sanitized		29 <input checked="" type="checkbox"/> IN OUT	N/A <input type="checkbox"/> N/O	Compliance with variance/specialized process/HACCP
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	Compliance Status	COS	R
Safe Food and Water						
30 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Pasteurized eggs used where required			43 <input checked="" type="checkbox"/> In-use utensils: properly stored		
31 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Water & ice from approved source			44 <input checked="" type="checkbox"/> Utensils, equipment & linens: properly stored, dried, & handled		
32 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/> Single-use/single-service articles: properly stored & used		
Food Temperature Control				Proper Use of Utensils		
33 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/> Gloves used properly		
34 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Approved thawing methods used			47 <input checked="" type="checkbox"/> Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
36 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Thermometers provided & accurate			48 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, & used; test strips		
Food Identification				Physical Facilities		
37 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Food properly labeled; original container			49 <input checked="" type="checkbox"/> Non-food contact surfaces clean		
Prevention of Food Contamination				50 <input checked="" type="checkbox"/> Hot & cold water available; adequate pressure		
38 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Insects, rodents, & animals not present			51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices		
39 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display			52 <input checked="" type="checkbox"/> Sewage & wastewater properly disposed		
40 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Personal cleanliness			53 <input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & cleaned		
41 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Wiping cloths: properly used & stored			54 <input checked="" type="checkbox"/> Garbage & refuse properly disposed; facilities maintained		
42 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OUT	Washing fruits & vegetables			55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, & clean		X
Person In Charge (Signature)						
Inspector (Signature)						
Date: 9-17-2025						
Follow-up: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Circle one) Follow-up Date: <u> </u>						

NARRATIVE REPORT

Received By (Name & Title)

Inspected By (Name & Title)

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