



**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 <i>Kentucky Fried Chicken</i>	Telephone Number <i>(708) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>3-18-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1301 W 16th St</i>	Owner <i>(662) 2207</i>	Follow-up <i>10 days</i>	
Owner <i>Robert Listenberg</i>	Purpose: <input checked="" type="checkbox"/> Routine	Release Date	
Owner's Address <i>P.O. Box 1512 Plymouth</i>	2. Follow-up	Summary of Violations: <i>C NC R</i>	
Person in Charge <i>Brandon</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 2 3 4 5	
Certified Food Handler <i>Brandon Columbus</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
430	NC	<input checked="" type="checkbox"/>	Tile near back door on wall is cracked needs repaired - replaced	ASAP
308	NC	<input checked="" type="checkbox"/>	HVAC in kitchen through out heavily soiled w/dust	}
409	NC	<input checked="" type="checkbox"/>	7-10 gelling holes in dining room stain from water also couple in kitchen above 3 bay sink	
431	NC	<input checked="" type="checkbox"/>	Flooring in kitchen around fryers etc to include under equipment soiled w/dust & food grease	}
403	NC		Dust on ceiling through out kitchen Also black debris on wall around 3 bay sink To include walk in cooler	
297	NC		Refrigerator machine at drink up - soiled to include metal levers	

Received by (name and title printed): <i>Brandon Columbus General Manager</i>	Inspected by (name and title printed): <i>Dean Smith PSE</i>
Received by (signature): <i>Brandon Columbus</i>	Inspected by (signature): <i>Dean Smith PSE</i>
cc:	cc:

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

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111  
Fax 765-651-2419

DATE: 3-18-24

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

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

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on 3-18-24

Date:	Action Taken:
<u>3/18/24</u>	<u>Store meeting both shifts to discuss extra cleaning &amp; proper cleaning procedures that Howard has nothing done properly. Owners of franchise returned of need to fix roof tiles in ceiling &amp; cooler floor and tiles near back door</u>
<u>3/19/24</u>	<u>Extra cleaning duties assigned to employees to get under equipment and cooler &amp; walk-in door cleaned. Cooler walls cleaned</u>

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Bob Chum Title: General Manager

Establishment Name: Kentucky Fried Chicken

Address: 1301 West 16th Street Marion Indiana

Attach additional sheets as needed.