



**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>Long John Silvers 2 A &amp; W</i>	Telephone Number <i>765</i>	Date of Inspection <i>8-27-20</i>	ID # <i>27</i>
Establishment Address <i>1409 W KEM RD MARION</i>	Owner <i>664-7042</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Ronald Switern</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 1 NCL R 1</i>	
Owner's Address <i>811 CORP DR STE 303 KY</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Claire</i>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Anthony Gerson Exp 11-22</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
<i>431</i>	<i>NC</i>	<i>X</i>	<i>Flooding throughout prep area to include under equipment is soiled with food debris</i>	<i>Today</i>
<i>295</i>	<i>C</i>		<i>The following "Food Contact" items are soiled with dried food / debris</i>	
			<i>1) Dishes above 3 bay sink stored clean</i>	<i>Removed</i>
			<i>2) Food slicer (not in use)</i>	<i>Today</i>

Received by (name and title printed): <i>Anthony Gerson</i>	Inspected by (name and title printed): <i>Scott Kendall / Dean Sneyd</i>
Received by (signature): <i>Anthony Gerson</i>	Inspected by (signature): <i>Scott Kendall / Dean Sneyd</i>
cc:	cc: