



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 Loves Travel Stop # 323		Telephone Number () Establishment 765 662-6462	Date of Inspection (mm/dd/yr) 9/5/24	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 253 Tippy Ditch Dr. Marion		() Owner 662-6462			
Owner Loves Travel Stop Country Stores, INC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up NO	Release Date 10 Days		
Owner's Address Oklahoma City, OK		Summary of Violations: C - NC 2 R -			
Person in Charge Kyle		Menu Type (See back of page) 1 2 X 3 4 5			
Responsible Person's E-mail storelicensing@loves.com					
Certified Food Handler Kyle Calhoun	ISSUED 11/20/20 ISSUED 11/16/22				
• 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
297	NC		Cappuccino/coffee machines sealed		Today
			- Nozzles, under neath of machine		
324	NC		no Product sitting on ice		
			in white freezer in back		
Received by (name and title printed): Kyle Calhoun GM			Inspected by (name and title printed): Angela S. McCollum		
Received by (signature): [Signature]			Inspected by (signature): [Signature]		
cc:		cc:		cc:	

Grant County Health Department

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

Date: 9/5/24

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 9/5/24

<u>DATE</u>	<u>ACTION TAKEN</u>
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<u>9/5</u>	<u>Cleaned under nozzles & machines</u>
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<u>9/5</u>	<u>Pull product & De Thaw unit.</u>
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(Please forward this form to the Grant County Health Department by
Mail / Fax with 10 days)

Name Kyle Calhoun Title General Manager

Establishment Love's

Address 253 Tippy Ditch Dr

Attach additional sheets as needed.