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: Marion Aerie Club	**Telephone Number**: ( ) Establishment 765 6642869; ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 10/23/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 901 W 3rd St., Marion			
Owner: Members Owned	**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: Same		**Summary of Violations:** C___ NC 4 R___	
Person in Charge: Alyssa			
Responsible Person's E-mail:		**Menu Type** (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Xander Hudson Issued 12/23			

- 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
409	NC		+/- 5 ceiling tiles in dry storage need replaced.	ASAP (Completed)
291	NC		No test strips provided	Today
295	NC		Grease buildup on floor around grills - grill has buildup on top - to include fryers	ASAP
324	NC		Ice touching product in both freezers - need defrosted	

Received by (*name and title printed*): Alyssa Kemp

Received by (*signature*): Alyssa Kemp

Inspected by (*name and title printed*): Angela B. McCallum 751

Inspected by (*signature*): Angela B. McCallum 751

cc: | cc: | cc: