



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

7-26(AMC)

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 Aero Club		Telephone Number (765) 664-2869	Date of Inspection (mm/dd/yy) 5/28/25	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 901 W. 3rd St., Marion		Owner Membership Owned - Board Members	Follow-up NO	Release Date 10/01/25	
Owner's Address Same		Purpose: <input checked="" type="radio"/> Routine <input type="radio"/> Follow-up <input type="radio"/> Complaint <input type="radio"/> Pre-Operational <input type="radio"/> Temporary <input type="radio"/> HACCP <input type="radio"/> Other (list) _____	Summary of Violations: P PF C		
Person in Charge Allen Hodge			Menu Type (See back of page) 1 2 3 X 4 5		
Responsible Person's E-mail _____					
Certified Food Handler Stephanie Miller		4/28/24			
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>					
Section#	CNC	R	Narrative		To Be Corrected By
306(a)	(C)		The following "Non Food Contact" areas		Today
	(NC)		advised w/ dry food debris		
			1. Inside freezer coolers, bottom		
			to in club outside door handles on		
			both		
Received by (name and title printed): Allen Hodge		Inspected by (name and title printed): Angela R. McCallum			
Received by (signature): ALLEN HODGE		Inspected by (signature): Angela R. McCallum			
cc:		cc:			