



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>Marion Elks Country Club</i>		Telephone Number () Establishment <i>765 662-9878</i>	Date of Inspection (mm/dd/yr) <i>6/2/26</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>1100 East Bond Ave Marion</i>		() Owner <i>662-9878</i>			
Owner <i>Marion Elks Lodge #195</i>	Purpose: ☒ 1. Routine ☐ 2. Follow-up ☐ 3. Complaint ☐ 4. Pre-Operational ☐ 5. Temporary ☐ 6. HACCP ☐ 7. Other (list) _____	Follow-up <i>Yes</i>	Release Date <i>10 days</i>		
Owner's Address <i>Same</i>	Summary of Violations: <i>P - 2 C - 4</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Person in Charge <i>Ashley</i>					
Responsible Person's E-mail _____					
Certified Food Handler <i>Ashley Spoonhoward - pending</i>					
• 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	N	R	Narrative	To Be Corrected By
<i>214</i>	<i>PF</i>	<i>-23</i>		<i>Date Marking in cooler and on shelf next to stove - items must be marked if out of original package -</i>	<i>today</i>
<i>308</i>	<i>C</i>	<i>-16</i>		<i>Inside top of microwave soiled with dry food - needs cleaned</i>	
<i>260</i>	<i>PF</i>	<i>-35</i>		<i>thermometers must be present in equipment - freezers</i>	
<i>328</i>	<i>C</i>	<i>-45</i>		<i>Temp stored in dirty drawer - needs cleaned</i>	<i>today</i>
<i>442</i>	<i>C</i>	<i>-55</i>		<i>Need caulking around 3 bay sink and dish machine area - include signage and wall around dish machine area have black debris on it</i>	<i>30 days</i>
Received by (name and title printed): <i>Ashley E Spoonhoward</i>			Inspected by (name and title printed): <i>Angela R Mollum</i>		
Received by (signature): <i>Ashley E Spoonhoward</i>			Inspected by (signature): <i>Angela R Mollum</i> <i>7510</i>		
cc:		cc:		cc:	

Date June 2, 2026

Establishment <i>Country Club</i>	Address <i>1100 East Bond Ave</i>	City/State <i>Marion</i>	Zip Code <i>46152</i>	Telephone <i>—</i>
OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT				

Circle designated compliance status (IN, OUT, N/A) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable					Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
Compliance Status			COS	R	Compliance Status			COS	R
57	IN OUT N/A N/O	Outdoor Food Operation			58	IN OUT N/A N/O	Mobile Retail Food Establishment		

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
306 C-49	The following "New Food Contact" areas spoiled with dry food, grease and/or other debris 1. pizza oven 2. stove top/burner/grill on back splash, to include shelf ~~above~~ 3. Fryer sides to include back wall and flooring. 4. few ceiling tiles 5. flooring through out	today

Person In Charge (Signature)	Date: 6/2/26
Inspector (Signature)	Date: 6/2/26