



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 General Hospital</i>	Telephone Number ( <i>765</i> ) Establishment Owner <i>Marion General Hospital</i>	Date of Inspection ( <i>mm/dd/yr</i> ) <i>4/16/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP/Postal Code) <i>441 N. Wabash Ave. Marion</i>	Owner's Address <i>500 N. Wabash Ave.</i>	Follow-up <i>NO 100 Days</i>	Release Date
Owner <i>David</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i></i>	Summary of Violations: <i>C 1 NC 3 R</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>
Person in Charge <i>David</i>			
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>DAVID FROHOF</i>	Date Inspected <i>8/2027</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/NC	R	Narrative	To Be Corrected By
310	NC		Dust on the fan covers - salad wall in cooler - to include ceiling at hot holding area	Today
431	NC		Food debris on floor in closet area of hot holding area	
297	NC		Young coffee machine - no seals covered with dry food debris	
345	C		Food debris in hand sink of Market Grill area - hand wash only	

Received by (name and title printed):  
*David*

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

Received by (signature):  
*David*

Inspected by (signature):  
*Angela McCallum*

cc:

cc:

cc:

Operator Response to Inspection  
State Form 80047 (2-01)**Grant County Health Department**

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Phone 765-651-2401 ext 3111 / 3123  
Fax 765-651-2419Date: 4-16-25

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 4/16/25

DATE      ACTION TAKEN

4-16-25 Section 310 - Work order placed, fans + bulkhead cleared immediately.  
Staff re-educated on proper cleaning concerning dust.

4-16-25 Section 431 - Area cleaned immediately. Staff re-trained on proper  
procedures for cleaning, sweeping, and mopping.

4-16-25 Section 297 - Coffee machine cleaned immediately. Staff  
re-trained on proper cleaning procedure and cleaning schedule

4-16-25 Section 345 - Food debris removed immediately, sink cleaned  
and sanitized. Staff re-educated on proper use of  
hand washing sinks.

(Please forward this form to the Grant County Health Department by  
Mail / Fax with 10 days)

Name Sarah J Gerskorff Title Food Service Director

Establishment Marion General Hospital, Inc.

Address 441. N. Wabash Ave, Marion, IN. 46953

Attach additional sheets as needed.