



**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 Health / Curra Hospitality</i>	Telephone Number <i>(765) 700-7009</i>	Date of Inspection <i>2-2-22</i>	ID # <i>27</i>
Establishment Address <i>441 N Wabash Ave</i>	Owner <i>Wendy 7009</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Marion Heath</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 2 NC 1 R</i>	
Owner's Address <i>441 N. Wabash Ave</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge <i>SARAH</i>	3. Complaint		
Responsible Person's E-mail <i></i>	4. Pre-Operational		
Certified Food Handler <i>Jennifer Grubb 3/2017</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

• 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
295	C		the following food contact items is soiled w/ food 1) warming mixer 2) AT Deli - Knives stored in plastic bucket 3) WARE WASHING AREA - plastic bucket w/ clean utensils but has food debris	Today
295	NC		Cafeteria Pass through - at the bottom has glove & dirty spatula on floor	
191	C		11 Jello Parfaits in cooler - no date marking	Remove d

Received by (name and title printed): <i>Sarah J Gerstorff</i>	Inspected by (name and title printed): <i>Dawn Sumrell / Scott K Kendall</i>
Received by (signature): <i>Sarah J Gerstorff</i>	Inspected by (signature): <i>Dawn Sumrell / Scott K Kendall</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 2-3-22

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-2-22.

DATE: _____ Action Taken: _____

2-3-22

295 C

- 1) Added to daily check list for cooks - checking covered equipment (Mixer)
- 2) Deli knife - knife holder for wall has been ordered.
- 3) Lids for containers ordered for utensils containers.

295 NC

- 1) Added to cleaners daily list - pull out speed racks and sweep + mop nightly.

191 C

- Counseled production - everything must be dated. Added to supervisor's daily check list.

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Jennifer Grubb Title: Food Service Director

Establishment Name: Marion Health

Address: 441 N. Wabash, Marion IN 46952