



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 McAllister's Deli	Telephone Number () 765	Date of Inspection (mm/dd/yr) 3/21/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3912 Co. Western Ave., Marion	Establishment () Owner		
Owner Southern Rock Restaurants	Purpose: 1. Routine	Follow-up NO	Release Date 10 Days
Owner's Address Same	2. Follow-up	Summary of Violations:	
Person in Charge Laura	3. Complaint	C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Responsible Person's E-mail laura@lauraformer.com	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler Laura former	5. Temporary	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
	6. HACCP		
	7. Other (list) 1/11/23		

- 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"

Received by (name and title printed):

Inspected by (name and title initialed):

Received by (signature):

Indicates by (i) - (v)

cc

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