



**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>McAlister's Deli</i>	Telephone Number () Establishment () Owner <i>(205) 9005</i>	Date of Inspection (mm/dd/yr) <i>8/5/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3925 So Western Ave, Marion</i>			
Owner <i>Southern Rock Restaurant</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date
Owner's Address <i>BIRMINGHAM</i>	Summary of Violations: <i>P-F-R-E-T</i>		
Person in Charge <i>Andrew</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Responsible Person's E-mail <i>Andrew.Roller</i>			
Certified Food Handler <i>Andrew Roller</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"

Received by (name and title printed):

Received by (name and title printed):
Andrea Roller

Inspected by (name and title printed):

Inspected by (name and title printed): *John Doe, C.I.T.* | Inspected by (signature): *John Doe* | cc: *1234567890*

Received by (signature):

Received by (signature): 

Inspected by (signature):

Inspected by (signature):  7510

cc:

CC

CC: