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: McAlister's Deli	Telephone Number: ( ) Establishment; (765) 393-9005 Owner	Date of Inspection (*mm/dd/yr*): 10/11/24	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 3912 So. Western Ave., Marion			
Owner: Southern Rock Restaurants	Purpose: 1. Routine	Follow-up: NO	Release Date: 10 days
Owner's Address: Franklin, TN	2. Follow-up	Summary of Violations:	
Person in Charge: Andrew	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail: —	4. Pre-Operational		
	5. Temporary	Menu Type (*See back of page*)	
	6. HACCP		
Certified Food Handler: Laura Farmer issued 1/11/23	7. Other (*list*)	1___ 2✓ 3___ 4___ 5___	

- 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
			No Violations	

Received by (*name and title printed*): Andrew Roller	Inspected by (*name and title printed*): Angela R. McCallum
Received by (*signature*):	Inspected by (*signature*):
cc:	cc: / cc: