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 McDonald's (North)	**Telephone Number** () Establishment 765 () Owner 254-5449	**Date of Inspection** *(mm/dd/yr)* 10/4/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1205 N Baldwin, Marion			
Owner Domichelle Partners	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date**
Owner's Address Portland IN	2. Follow-up	**Summary of Violations:**	
Person in Charge Wendy	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler Abigail Ontiveros Issued 10/23	5. Temporary	1 2 3 4 5	
	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
			No Violations	

Received by (*name and title printed*):	Inspected by (*name and title printed*): Angela R Mitchell-Tollum
Received by (*signature*):	Inspected by (*signature*): 5810

cc:	cc:	cc: