



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>M'Donalds 38231</i>	Telephone Number (765) Establishment <i>674-6971</i>	Date of Inspection (mm/dd/yr) <i>1-22-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1040 E MAIN ST.</i>			
Owner <i>Nicholas Terhune</i>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <hr/>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Muncie</i>			
Person in Charge <i>Bethany</i>			
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Bethany Hager mph</i>	Menu Type (See back of page) <hr/> <i>1 2 X 3 4 5</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):

Inspected by (name and title printed):

Brittany Haagensen

Dem Jus

Received by (signature):

Inspected by (signature)

Barney W. S.

88

80