



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>McDonald's #38231</i>	Telephone Number () Establishment <i>715</i> () Owner <i>6746971</i>	Date of Inspection (mm/dd/yr) <i>7/1/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1007 Main St, Bosc City</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>10</i>	Release Date <i>10 Days</i>
Owner's Address <i>5000 Somers</i>	Summary of Violations: <i>P - F - C - R -</i>		
Person in Charge <i>Logan</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>Logan.Donalds1</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Logan Donalds</i>	1/14/21		

- **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 “B”

Received by (name and title printed):

Logan Donald General Manager

Inspected by (name and title printed):

Inspected by (signature):

Legum

Received by (signature):

Inspected by (signature):

cc:

CC

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