



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 # 38231 | Telephone Number () Establishment () Owner | Date of Inspection (mm/dd/yr) | ID # |
| Establishment Address (number and street, city, state, ZIP code) 1040 E Main St East City | 1071 6971 | 2-8-24 | 27 |
| Owner Nicholas Terhune | Purpose: | Follow-up NO | Release Date 10 days |
| Owner's Address Same | 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Summary of Violations: C ___ NC ___ R ___ | |
| Person in Charge Kendra | Menu Type (See back of page) 1 ___ 2 ___ 3 ___ 4 <u>X</u> 5 ___ | | |
| Responsible Person's E-mail | | | |
| Certified Food Handler Kendra 513124 | | | |

- 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 | |
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| Received by (name and title printed): KENDRA MILLER | Inspected by (name and title printed): Paul Logore ES/IO |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |