



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 of Marion North</i>	Telephone Number <i>747-5149</i> Establishment	Date of Inspection <i>3-24-28</i> (mm/dd/yr)	ID # <i>27</i>		
Establishment Address (number and street, city, state, ZIP code) <i>1225 N Belknap Ave</i>					
Owner <i>Dr. Michelle P. Phillips</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up <i>No</i>	Release Date <i>10 days</i>		
Owner's Address <i>1018 N Meridian St</i>	Summary of Violations: <i>C - NC 4 R -</i>				
Person in Charge <i>Audrey</i>					
Responsible Person's E-mail <i></i>	Menu Type (See back of page)				
Certified Food Handler <i>Audrey Perry</i>	1 <i>7-2029</i>	2 <i></i>	3 <i></i>	4 <i></i>	5 <i></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"

Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		Frayed AREA on back wall - grease build up on top	TW
431	NC		Flooring through out kitchen, to include under equipment - Trash & food debris	
403	NC		Dust on cords hanging from ceiling along the line	
399	NC		Menus reprinted door doesn't shut properly	3W Jungs

Received by (name and title printed):

ed by (name and title printed).
Audrey Perry

Inspected by (name and title printed):

Indicates by (name and title) if any.

Received by (signature):

ed by (signature): Archey Perry

Inspected by (signature):

Inspected by (signature): 

cc:

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