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	**Telephone Number** (765) Establishment ( ) Owner 674-7016	**Date of Inspection** *(mm/dd/yr)* 2-14-24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3723 S. Western Ave			
Owner D. Michele Enterprises	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** No	**Release Date** 10 days
Owner's Address Portland IN		**Summary of Violations:** C — NC 3 R 1	
Person in Charge MacKaylah			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 V 3 4 5	
Certified Food Handler MicKaylah Keasling exp 7-2025			

- 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		Top mold side of Ice Cream machine has dried liquid on it.	
431	NC	X	Flooring in walk in freezer has dark residue. Also dining room floor - Needs mopped better Closer to the walls & corners.	
430	NC		Wall at drive up has dust on it.	

Received by *(name and title printed)*: MicKaylah Keasling

Received by *(signature)*: MicKaylah Keasling

Inspected by *(name and title printed)*: Drew Sapp

Inspected by *(signature)*: FSO

cc: | cc: | cc: