



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

**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>Meijer Tops #153</i>	Telephone Number ( <i>765</i> ) Establishment <i>6726800</i>	Date of Inspection (mm/dd/yr) <i>7/30/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3125 W. Western, Elgin, IL 60123</i>			
Owner <i>Meijer Stores United Partnership</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i></i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>P - R1 C -</i>		
Person in Charge <i>Brendon Lacey</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Sara Schroeder</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 "B"

Section#	C/NC	R	Narrative	To Be Corrected By
			<p>Store w/ violations</p> <p>Meat w/ violations</p> <p>Deli w/ violations</p> <p><del>Bakery</del></p> <p>363(z) PF Water on floor underneath hand sink ASAP</p>	

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

CC:

CC

663

## Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123  
Fax 765-651-2419

Date: 7/30/25

765-651-2401 (Phone) 765-651-2419 (Fax)  
Grant County Health Department  
401 South Adams Street  
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 7-30-25

DATE      ACTION TAKEN

7-30-25 Water standing in Bakery by  
sink. WORK order in #MEJR153005927

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Racey Renis Title Area Leader

Establishment Meijer

Address 3820 Western Ave. Marion, IN 46953

Attach additional sheets as needed.