



**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<br><b>Meijer Store #153</b>  | Telephone Number<br>( ) Establishment<br><b>( ) Owner<br/>607-6800</b> | Date of Inspection<br>(mm/dd/yr)<br><b>2/27/24</b>          | ID #<br><b>27</b>              |
| Establishment Address (number and street, city, state, ZIP code)<br><b>3820 S Western Ave</b> | Owner<br><b>Meijer Stores Limited</b>                                  | Follow-up<br><b>NO</b>                                      | Release Date<br><b>10 days</b> |
| Owner's Address<br><b>Grand Rapids Michigan</b>   | Purpose:<br><u>1. Routine</u>  | Summary of Violations:<br><b>C 2 NC 3 R 1</b>               |                                |
| Person in Charge<br><b>Kenny</b>  | 2. Follow-up   | Menu Type (See back of page)                                |                                |
| Responsible Person's E-mail   | 3. Complaint   | 1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u> |                                |
| Certified Food Handler<br><b>Kenny</b>  | 4. Pre-Operational   |   |                                |
|   | 5. Temporary   |   |                                |
|   | 6. HACCP   |   |                                |
|   | 7. Other (list)  |   |                                |

- 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 |
|------------|-----------|-------------------------------------|--|--------------------|
|            |           |                                     | <b>Bakery -</b>  |                    |
| <b>298</b> | <b>NC</b> |                                     | <b>inside of microwave handle soiled</b>                         | <b>Today</b>       |
| <b>431</b> | <b>NC</b> |                                     | <b>cakes / TRASH on walkin floor (freezer)</b>                   | <b>S</b>           |
|            |           |                                     | <b>Meat</b>  |                    |
| <b>191</b> | <b>C</b>  | <input checked="" type="checkbox"/> | <b>The following items past the sell date</b>                    |                    |
|            |           |                                     | <b>1) Italian Brat 2/26 / London Broil 2/26</b>                  | <b>Removed</b>     |
|            |           |                                     | <b>10 Cheddar Brats 2/26</b>                                     |                    |
|            |           |                                     | <b>1 Beer Brat 2/26 / Delmonico Steak 2/26</b>                   |                    |
| <b>295</b> | <b>C</b>  |                                     | <b>Fan guards in walkin meat cooler heavily soiled with dust</b> |                    |
| <b>433</b> | <b>NC</b> |                                     | <b>mop laying directly on the floor</b>                          | <b>Today</b>       |

|  |   |
|--|---|
| Received by (name and title printed):<br><b>Kenny Felker</b> | Inspected by (name and title printed):<br><b>April Legare</b> |
| Received by (signature):<br><i>Kenny Felker</i>              | Inspected by (signature):<br><i>April Legare</i>              |
| cc:  | cc:   |

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111  
Fax 765-651-2419

DATE: 2/27/2024

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

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

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on 2/27/24

| Date:       | Action Taken:                                |
|-------------|--|
| <u>2/27</u> | <u>Inside of bakery microwave is cleaned</u> |
|             | <u>Bakery freezer floor is swept</u>         |
|             | <u>out dabbos in meat pulled</u>             |
|             | <u>Fan in walk in meat cooler cleaned</u>    |
|             | <u>mop picked up in the meat dept</u>        |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Kenny Felkner Title: store Director

Establishment Name: Meijer

Address: 3820 S. Western Ave Marion IN, 46953

Attach additional sheets as needed.