



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)

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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-~~2B~~, 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 <u>Neighborhood Fresh</u> | Telephone Number () Establishment <u>6714-9723</u> | Date of Inspection (mm/dd/yr) <u>7-2-28</u> | ID # <u>27</u> |
| Establishment Address (number and street, city, state, ZIP code) <u>1025 E Main St.</u> | | | |
| Owner <u>Im Acquisition Inc</u> | Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <u> </u> | Follow-up <u>NO</u> | Release Date |
| Owner's Address <u>OFF</u> | Summary of Violations: <u>P1 P2 C1 C2</u> | | |
| Person in Charge <u>Bob Smith</u> | Menu Type (See back of page) | | |
| Responsible Person's E-mail <u> </u> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | | |
| Certified Food Handler <u>Bob Smith</u> | | | |

- 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"

Received by (name and title printed):

Received by (name and title printed):
Robert Smith

Inspected by (name and title written):

Inspected by (name and date):
Ben Bix
Inspected by (signature):
Ben Bix

Received by (signature):

Received by (signature):
Robert Smith

Inspected by (signature)

Inspected by (signature)

cc

Appl. Geod.

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

Grant County Health Department

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

Date: 7-2-2028

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 _____

DATE ACTION TAKEN

7-2-25 Out dated Product removed and destroyed. Department coached to be more diligent in checking Dates Daily, and thoroughly.

7-2-25 Slicer was powered off, disassembled, and cleaned. Department coached to make sure every piece of equipment is thoroughly cleaned daily.

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

Name Robert T Smith Title Store Manager

Establishment Neighborhood Fresh

Address 1025 E Main St, Gas City, IN 46933

Attach additional sheets as needed.