



**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>Neighborhood Fresh</i>	Telephone Number <i>762 Establishment</i>	Date of Inspection (mm/dd/yr) <i>1-22-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1025 E Main St. Gns City</i>	Owner <i>674-9723</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>EM Acquisition</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <i>C 2 NC 4 R 1</i>	
Owner's Address <i>OH</i>	<input type="radio"/> 2. Follow-up	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Person in Charge	<input type="radio"/> 3. Complaint		
Responsible Person's E-mail	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <i>Robert Smith exp 12-2024</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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
			<i>- Store -</i>	
<i>409</i>	<i>NC</i>	<i>X</i>	<i>1-10 Ceiling Tiles - dark in color (brown)</i>	<i>15 days</i>
			<i>- Meat -</i>	
<i>191</i>	<i>C</i>		<i>Thin sliced Chicken exp 1-19-2024</i>	<i>Removed</i>
<i>310</i>	<i>NC</i>		<i>Fans in walk in cooler has dust on them also fan in deli</i>	
<i>138</i>	<i>NC</i>		<i>employee prep in meat without a beard guard</i>	<i>Correct</i>
			<i>- Deli -</i>	
<i>295</i>	<i>C</i>		<i>Bottom of plastic bin holding Icing spatulas (clear) soaked at bottom</i>	
<i>308</i>	<i>NC</i>		<i>HVAC vents have dust on and around them</i>	

Received by (name and title printed): <i>Robert T Smith</i>	Inspected by (name and title printed): <i>Don Small / April Legare</i>
Received by (signature): <i>Robert T Smith</i>	Inspected by (signature): <i>Don Small / April Legare</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2201
Fax: 765-651-2413

DATE: 1-22-24

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 1-22-24.

Date:	Action Taken:
<u>1-22-24</u>	<u>Purchasing more ceiling tiles and replacing all that need to be replaced.</u>
<u>1-22-24</u>	<u>Chicken removed and destroyed. Department coached and reminded to thoroughly inspect case daily.</u>
<u>1-22-24</u>	<u>Fans as well as casing cleaned. Discussed with Department that this needs to be checked and taken care of on a regular basis.</u>
<u>1-22-24</u>	<u>Employee spoken to and reminded if he does not shave he is required to wear a beard net.</u>
<u>1-22-24</u>	<u>Holding container and utensils cleaned. Reminded Department to check and clean on a regular basis.</u>
<u>1-22-24</u>	<u>HVAC cleaned and will be more closely watched in the future.</u>

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

Name of Respondent: Robert T Smith Title: Manager

Establishment Name: Neighborhood Fresh

Address: 1025 E Main St Gas City IN 46933