



**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 - Store 770</i>		Telephone Number <i>705</i>	Date of Inspection (mm/dd/yr) <i>2-18-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1025 E MAIN ST Gas City</i>		Establishment <i>679-9723</i>	Owner <i>LM Acquisition INC</i>	Follow-up <i>NO</i>
Owner <i>LM Acquisition INC</i>	Owner's Address <i>1318 International Dr OH</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Release Date <i>10 days</i>	Summary of Violations: <i>C 1 NC 1 R</i>
Person in Charge <i>Ryan Mauler</i>	Responsible Person's E-mail <i></i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Certified Food Handler <i>Ryan Mauler Exp 12-16-2024</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 "R"

Section#	C/C	R	Narrative	To Be Corrected By
<i>191</i>	<i>C</i>		<i>Several items through out store with sell by date expired</i>	<i>10 days</i>
<i>433</i>	<i>NC</i>		<i>Faucet on Hand Sink in Back Room of Deli needs Maintenance : IS Leaking FROM Handles</i>	<i>30 days</i>

Received by (name and title printed): <i>Ryan Mauler</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): <i>Ryan Mauler</i>	Inspected by (signature): <i>Scott Kendall F310</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: 2/18/22

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 / Scott Kikendall from the Grant Co. Health Department on 2-18-22.

DATE: 2/18/22 Action Taken: 191 C Worked with stock crew about pulling product from shelf before going out of date.

2/18/22 430 NC Called in for maintenance on hand sink in deli department.

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

Name of Respondent: Ryan Muller Title: Store Manager

Establishment Name: Neighborhood Fresh

Address: 1025 E. Main Street Gas City IN 46933

Attach additional sheets as needed.