



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 Northwood Manor	Telephone Number 768	Date of Inspection (mm/dd/yr) 9.30.24	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1590 W Timberview Dr	Owner 662-9710	Follow-up NO	Release Date 10 days
Owner Five Star Senior Living	Purpose: ☒ Routine	Summary of Violations: C NC 3 R 5	
Owner's Address MA	2. Follow-up		
Person in Charge John Clark	3. Complaint	Menu Type (See back of page) 1 2 3 4 5	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler RYAN Drown exp 2027	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
295	NC		The following 'Non Food' Contact items is soiled with grease, dried food	
	X		1) Top of the burner stove	
			2) metal stand next to stove on right (at bottom)	
	X		3) Inside & outside of Fryer	
	X		4) Side of Blodgett	
			5) Inside portable flux cooler (not working)	
			6) Outside of classic warmer	
			7) Underneath @ Nestle Vitality Drink Machine	
431	NC	X	Flooring to include under equipment soiled	
308	NC	X	Dust Around HVAC vents on ceiling	

Received by (name and title printed):

John P. Clark

Inspected by (name and title printed):

Reynold

Received by (signature):

[Signature]

Inspected by (signature):

[Signature]

cc:

cc:

cc: