



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 <b>Ohio Barbecue</b>	Telephone Number (Establishment) <b>575-4541</b>	Date of Inspection (mm/dd/yr) <b>4/22/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>402 So. Washington St., Marion</b>	Purpose: <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)	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Jeff Richardson</b>		Summary of Violations: <b>C 1 NC 3 R -</b>	
Owner's Address <b>Same</b>		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in Charge <b>Jeff</b>			
Responsible Person's E-mail <b></b>			
Certified Food Handler <b>Jeff Richardson 3/2022</b>			

• 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
308	NC		Dust on HVAC system in kitchen area, to include ceiling tiles	ASAP
310	NC		Dust and food debris on fan covers, ceiling in walk in cooler	
295	C		Only food debris on compener blade today	
293	NC		Meat thawing in warewashing sink - (3-bay) is not allowed - to include thawing should be done in prep sink under constant water flow	

Received by (name and title printed):

**Jeffrey Richardson Owner**

Received by (signature):

**Jeff Richardson**

Inspected by (name and title printed):

**Amanda R. McCallum**

Inspected by (signature):

cc:

cc:

cc:

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: 5-2-25

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 4-22-25

DATE	ACTION TAKEN
<u>4-23</u>	<u>308 NC Inspected staff to clean all vents and ceiling tiles</u>
<u>4-23</u>	<u>310 NC Inspected staff to clean walls and floor in coffee corner</u>
<u>4-23</u>	<u>295 C instructed staff to clean conveyor after every use</u>
<u>4-23</u>	<u>293 NC Inspected staff to use floor sink only to hand wash under running cold water</u>

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

Name Jeffrey Richardson Title owner

Establishment Chi's Produce

Address 402 S Washington St Marion, IN 46953

Attach additional sheets as needed.