



**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>Ohio Barbecue</i>	Telephone Number (<i>765</i>) Establishment <i>573-1541</i> Owner <i>Jeff Richardson</i>	Date of Inspection (<i>mm/dd/yr</i>) <i>4/22/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>402 S. Washington St., Marion</i>	Follow-up Release Date <i>NO 10 Days</i>		
Owner <i>Jeff Richardson</i>	Summary of Violations:		
Owner's Address <i>500 N. Main</i>	C 1 NC 3 R -		
Person in Charge <i>Jeff</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>_____</i>	1 2 3 X 4 5		
Certified Food Handler <i>Jeff Richardson</i>	3/2022		

• 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 Park debris on fan cokers, ceiling in walk in cooler	
295	C		Dry food debris on composter blade today	
293	NC		Meat thawing in ware washing sink - (3-day) 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):

Jeffrey Richardson

Inspected by (name and title printed):

Inspected by (signature):

Angela Brumfield

cc:

cc:

cc:

Grant County Health Report

Phone 765-631-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 06/24/20

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 4-22-15

DATE **ACTION TAKEN**

4-23 303 AC instructed staff to clean all roofs and ceiling tiles.

4-23 303 AC instructed staff to clean walls and floor (w/ disinfectant)

4-23 283 AC instructed staff to clean conveyor after every 1000.

4-23 283 AC instructed staff to use prep sink only to clean hands under running cold water

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

Name Jeffrey L. Borchardt Title Owner

Establishment Dr. J. Packard

Address 102 S Washington St. Suite 2000, Suite 2000

Attach additional sheets as needed.