



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

7-26 (Myc.)

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 Bally's #7247	Telephone Number () Establishment () Owner 684-4672	Date of Inspection (mm/dd/yr) 5/7/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 602 Ballywin Ave., Marion			
Owner Checkers Drive in Restaurants Inc.	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____ 	Follow-up No 10 day	Release Date
Owner's Address 50mle			
Person in Charge Alisha			
Responsible Person's E-mail 			
Certified Food Handler Allison Marie	4/29/23	Summary of Violations: C D P P	
Menu Type (See back of page) 1 2 3 X 4 5			

- 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"

Received by (name and title printed):

ed by (name and title printed):
Alister Pearce
d by (signature):

Inspected by (Name and title written)

Inspected by (name and title in block):
Frank M. Tolman
Inspected by (signature):
Frank M. Tolman 7510
cc:

Received by (signature):

Inspector's signature

Urgent 7510

CC:

CC7

65