



**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>Station 50, LLC</i>	Telephone Number () _____ () _____	Date of Inspection (mm/dd/yr) <i>1-14-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>701 E. Main St., Roslyn</i>			
Owner <i>Sanchita Patel</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>C O N C R O</i>		
Person in Charge <i>Yogi</i>	Menu Type (See back of page) <i>1 X 2 3 4 5</i>		
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>N/A</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/NC	R	Narrative	To Be Corrected By
297	NC		Nozzles on the bun, coffee condiments and NECTA coffee machine needs cleaned - has dry debris on them < needs to be cleaned frequently	Today
310	NC		Fan covers up with an oily nect to be cleaned - has dark debris and dust on them	ASAP

Received by (name and title, printed):

Yaginuma

Inspected by (name and title): W. H. G.

~~W. H. HORN~~

Received by (signature):

CC:

68

66

Grant County Health Department

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

Date: Jan. 14, 2025

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 10 days)

DATE ACTION TAKEN

2017 Done by employee

3/18 Done by employee

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

Name Mike Rethel Title Manager

Establishment En Station 50 LLC

Address 701 E Main st. Marion, IN 46933

Attach additional sheets as needed.