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 Steak n Shake #290	**Telephone Number** ( ) Establishment 765 ( ) Owner 664-6101	**Date of Inspection** (mm/dd/yr) 10/18/24	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 2624 So. Western Ave, Marion			
Owner Steak n Shake INC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address Indianapolis IN	2. Follow-up	**Summary of Violations:**	
Person in Charge Darral	3. Complaint	C 1 NC 3 R 1	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Darral Stanley Issued 3/20/20	5. Temporary	**Menu Type** (See back of page)	
	6. HACCP	1 2 3 ✓ 4 5	
	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 are soiled w/ dry product/grease. 1) Side of grill 2) Top and back of fryers	ASAP
297	NC		Soap nozzels in dinning area soiled w/ black debris	
229	C		Ice Machine on inside has dark debris at top	
409	NC		+/- 5 ceiling tiles brown in color to include dust on ceiling vents in dinning area	

Received by (*name and title printed*): Darral Stanley

Received by (*signature*):

Inspected by (*name and title printed*): Angela R McCallum

Inspected by (*signature*): Angela McCallum 7510

cc: | cc: | cc: