



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 (765) 661-6101	Date of Inspection (mm/dd/yr) 4/7/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 2624 So. Western Ave., Marion, IN 46953		Owner Steak 'n Shake INC	Follow-up NO	Release Date 10 days
Owner's Address Same		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: C 1 NC 2 R 3	
Person in Charge Derral			Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail				
Certified Food Handler Derral Stanley 3/20/20				
• 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	/	Fop nozzle in denning area soiled with dark debris	today
229	C	✓	Ice machine has dark debris on inside top light - needs cleaned	
409	NC	✓	+/- 9 c/d on tiles throughout buffet/dinning kitchen area brown in color to include HVAC air vents needs cleaned or replaced	30 days
Received by (name and title printed): Derral Stanley General Manager				
Inspected by (name and title printed): Amelia M. Callum				
Received by (signature): 				
Inspected by (signature): 				
cc:				