



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 <u>Steak -n- Shake #290</u>	Telephone Number (<u>765</u>) <u>655-6101</u>	Date of Inspection (<u>mm/dd/yr</u>) <u>4/7/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>22450. Western Ave., McInd</u>			
Owner <u>Steak -n- Shake INC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>_____</u>	Follow-up <u>NO 10 Days</u>	Release Date <u>_____</u>
Owner's Address <u>_____</u>	Summary of Violations: <u>C 1 NC 2 R 3</u>		
Person in Charge <u>Debra</u>	Menu Type (See back of page) <u>1 2 3 X 4 5</u>		
Responsible Person's E-mail <u>_____</u>			
Certified Food Handler <u>Donna Stanley</u>			

• 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	✓	Pop nozzle of underning area soiled with dark debris	Today
329	C	✓	Ice machine has dark debris on inside top light - needs cleaned	
409	NC	✓	+/- 8 ceiling tiles throughout building (dining, kitchen) dust, brown, moldy to include HVAC coil vents Needs cleaned or replaced	30 days

Received by (name and title printed):

Inspected by (name and title printed):

2011-11-11 (11:11:11)

I 1818

cc:

CC

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