

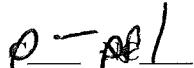
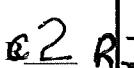
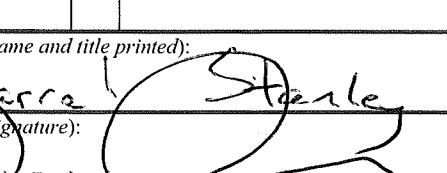


RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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 & Shake #290		Telephone Number (705) Establishment (664) Owner 664 6101	Date of Inspection (mm/dd/yr) 9-2-25	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 2624 S Western Ave		Purpose: <input checked="" type="checkbox"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up NO	Release Date 10 days	
Owner Steak & Shake Inc			Summary of Violations:		
Owner's Address Indianapolis IN			 P-PEL  E2R		
Person in Charge Darrel			Menu Type (See back of page)		
Responsible Person's E-mail 			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5		
Certified Food Handler Darrel Stanley (Pending)					
• 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	R	Narrative		To Be Corrected By
306	C		Following "Non Food" Contact items are soiled w dried food etc 1) outside top of Bun warmer 2) Inside doors of trash unit in dining room		
306	PF		Dried food debris on plastic lids / bowls (togo)		
443	C		Flooring in Kitchen to include corners - has food debris on it		
Received by (name and title printed): Darrel			Inspected by (name and title printed): Dean Sm		
Received by (signature): 			Inspected by (signature): Dean Hill PSF		
cc:	cc:	cc:	cc:	cc:	cc: