



**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 # 240 | Telephone Number 765 Establishment | Date of Inspection (mm/dd/yr) 1-27-22 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 2624 | Owner (664) 6101 | Follow-up NO | Release Date 70 days |
| Owner Steak & Shake Inc | Purpose: 1. Routine | Summary of Violations: C NC 2 R 2 | |
| Owner's Address 107 S. Pennsylvania Ind | 2. Follow-up | Menu Type (See back of page) | |
| Person in Charge Donna Bates | 3. Complaint | 1 2 3 4 5 | |
| Responsible Person's E-mail | 4. Pre-Operational | | |
| Certified Food Handler Donna Bates exp 6/2026 | 5. Temporary | | |
| | 6. HACCP | | |
| | 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 | C | | Following "Food Contact" items is soiled w/ dried food 1) Blender at Shake AREA 2) Veggie peeler / slicer stored clean but has food on it Food processor 3) Dishes sitting on shelf stored as clean | |
| 295 | NC | | Following "Non Food" Contact items is soiled w/ dried food etc. 1) Handles on drawers to include frames of cooler doors 2) back & top of fryer 3) Black base can 4) Inside at bottom of Fryer - Grease/build up | |
| 431 | NC | | Flooring to include next to wall/corners ALSO inside walk in cooler | |

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|---|--|
| Received by (name and title printed): Donna Bates | Inspected by (name and title printed): Donna Small PST |
| Received by (signature): <i>Donna Bates</i> | Inspected by (signature): <i>Donna Small</i> |
| cc: | cc: |