



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 <i>Taylor University Dining Commons</i>	Telephone Number Establishment () Owner <i>574 095</i>	Date of Inspection (mm/dd/yr) <i>1-30-25 27</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2861 W. 3rd St., Upland</i>	Follow-up Release Date <i>NO 10 days</i>		
Owner <i>ATI food Systems</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i>	Summary of Violations: <i>C NC 3 R -</i>	
Owner's Address <i>Same</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Person in Charge <i>Lorenzo</i>			
Responsible Person's E-mail <i>lmcclanahan@tayloru.edu</i>			
Certified Food Handler <i>Don. W. Nowak</i>			

*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
			<i>Brill</i> <u>No Violations</u>	
			<i>Deli</i> <u>No Violations</u>	
			<i>Kitchen/Bakery</i> <u>Today</u>	
295	NC		<i>The following "Non Food Contact Items"</i> 1. soiled with debris 2. under prep counter in soiled 3. oven door	
295	NC		<i>The Zone</i>	
431	NC		<i>Top and side of stove covered with debris flooring covered with debris</i>	
Received by (name and title printed): <i>Lorenzo McClanahan</i>			Inspected by (name and title printed): <i>Don Paul</i>	
Received by (signature): <i>LMC</i>			Inspected by (signature): <i>DP</i>	
cc:	cc:	cc:	cc:	cc: