



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 Days

Date

Time In

10

Time Out

07

No. of Risk Factor/Intervention Violations

No. of Repeat Risk Factor/Intervention Violations

Establishment
Tha Taste
2025-299Address
3304 S. Washington Marion IN
Antonio BrantCity/State
Marion IN
Purpose of Inspection
RoutineZip Code
46953
Est. Type
3Telephone
765-573-4257
Risk Category
3**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Compliance Status			COS	R
Supervision				
1 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Person in charge present, demonstrates knowledge, and performs duties
2 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Certified Food Protection Manager
Employee Health				
3 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper use of restriction and exclusion
5 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices				
6 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper eating, tasting, drinking, or tobacco products use
7 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands				
8 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Hands clean & properly washed
9 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed
10 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Adequate handwashing sinks properly supplied and accessible
Approved Source				
11 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food obtained from approved source
12 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food received at proper temperature
13 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food in good condition, safe, & unadulterated
14 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Required records available: molluscan shellfish identification, parasite destruction
Protection from Contamination				
15 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food separated and protected
16 <input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food-contact surfaces; cleaned & sanitized

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status			COS	R
Safe Food and Water				
30 <input checked="" type="checkbox"/> IN	Water & ice from approved source			
31 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods			
Food Temperature Control				
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control			
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding			
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used			
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate			
Food Identification				
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container			
Prevention of Food Contamination				
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present			
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display			
40 <input checked="" type="checkbox"/> IN	Personal cleanliness			
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored			
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables			

Compliance Status			COS	R
Proper Use of Utensils				
43 <input checked="" type="checkbox"/> IN	In-use utensils: properly stored			
44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled			
45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used			
46 <input checked="" type="checkbox"/> IN	Gloves used properly			
Utensils, Equipment and Vending				
47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips			
49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean			
Physical Facilities				
50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure			
51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices			
52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed			
53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned			
54 <input checked="" type="checkbox"/> IN	Garbage & refuse properly disposed; facilities maintained			
55 <input checked="" type="checkbox"/> IN	Physical facilities installed, maintained, & clean			
56 <input checked="" type="checkbox"/> IN	Adequate ventilation & lighting; designated areas used			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Person In Charge (Signature)

Inspector (Signature)

Date:

11/8/25

Follow-up: YES NO (Circle one) Follow-up Date:

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123

Fax 765-651-2419

Date: 11/08/25

765-651-2401 (Phone) 765-651-2419 (Fax)

Grant County Health Department

401 South Adams Street

Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on _____

DATE ACTION TAKEN

11-18-25 An Appointment has been scheduled for Nov 24th or Nov 25th on one off our off days but an exact date could not be given at the time due to high volume work orders, and this is with A&A Cleaning!

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Antonio Grant Title Owner

Establishment The Taste

Address 3304 S. Washington St. Marion, IN 46953

Attach additional sheets as needed.