



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>Thai Taste</i>	Telephone Number (<input type="checkbox"/> Establishment (<input type="checkbox"/> Owner 765 573-4251	Date of Inspection (mm/dd/yr) 4/10/23	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>3304 S Washington St, Marion, IN 46953</i>	Follow-up Release Date <i>10 Day</i>		
Owner <i>Antonio Brant</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		
Owner's Address <i>Same</i>	Summary of Violations: <i>C 1 NC 6 R -</i>		
Person in Charge <i>Antonio Brant</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>Antonio Brant</i>	11/24/23		

• 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
351	NC		Need off-closing door on ladies	today
352	NC		Need flash receptacles with lids (in ladies restroom)	
347	NC		No paper towels/hand dryer at hand sinks	
303	NC		Hand system (ANSI) needs to be ASAP professionally cleaned - must have sticker	
174	NC		Labeled - for containers <--> storage out of original containers	Today
141	C		Not marked - items in cooler, not date marked - must be marked with what product is and dated made or exp'd	

Received by (name and title printed):

Antonio Brant

Inspected by (name and title printed):

Angela Mccollum

Received by (signature):

Antonio Brant

Inspected by (signature):

Angela Mccollum - 1510

cc:

cc:

cc:

NARRATIVE REPORT

Establishment Name <u>The Taste</u>			Address <u>307 So. Washington St.</u>	Inspection Date <u>4/10/23</u>
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
295	NC		<p>The following "Non Food Contact Items" today were found with dry food debris same 07 dark residue</p> <ol style="list-style-type: none"> 1. Prep area pans holding top containers 2. Silver cooler (2 door) inside bottom and out side door 3. R/T Goler handles/inside 4. Counter by prep area to include tupper containers for salad 5. Grill around grill will be under shelving unit. 	
<p>Received By (Name & Title) <u>Matthew Gurn</u></p> <p>Inspected By (Name & Title) <u>John Miller 7510</u></p> <p>Page <u>2</u> of <u>2</u></p>				

Received By (Name & Title)

Inspected By (Name & Title)

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Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 4-18-2025

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 4/10/25

<u>DATE</u>	<u>ACTION TAKEN</u>
4/15	Put Spring self closing hinges of bathroom door.
4/15	Put garbage can w/ lids in bathrooms.
4/16	Put hand drier in Kitchen next to hand wash s. OK.
4/17	hood is scheduled to be cleaned mon or Tues 21st or 22nd
4/10	Wiped down soiled areas, Labeled everything and moved to go containers.
4/21-4/22	Area Around & under grill will be addressed.

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

Name Antonio Grant Title OWNER

Establishment Bar & Grill

Address 3304 S. Washington St. 46953

Attach additional sheets as needed.