



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 Tha Taste		Telephone Number () Establishment 765 573 4251	Date of Inspection (mm/dd/yr) 4/19/23	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3304 Sp. Washington St., Marion, IN 46953		Owner Antonio Grant	Follow-up 10 Day	Release Date
Owner's Address Same		Purpose: 1. Routine	Summary of Violations: C 1 NC 6 R -	
Person in Charge Antonio Grant		2. Follow-up	Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail		3. Complaint		
Certified Food Handler Antonio Grant		4. Pre-Operational		
		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
351	NC		Need self-closing door on ladies restroom door	today
352	NC		Need trash receptacles with lids in ladies restroom	
347	NC		No paper towel/Hand dryer at hand sinks	
305	NC		Hand system (ANSU) needs to be professionally cleaned - must have sticker	ASAP
174	NC		Labeling - for container - food 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 marker	

Received by (name and title printed): Antonio Grant	Inspected by (name and title printed): Angela R. H. Collum
Received by (signature): Antonio Grant	Inspected by (signature): AMH
cc:	cc:

NARRATIVE REPORT

Establishment Name The Taste			Address 3304 So. Washington St.		Inspection Date 4/10/25
Section#	C/NC	R	REMARKS		TO BE CORRECTED BY
295	NC		<p>The following "New Food Contact Items" today only with dry food debris and/or dark residue</p> <ol style="list-style-type: none"> 1. Prep area pans holding two containers 2. Silver cooler (2 door) inside kitchen and out side doors 3. R/W Cooler handles/inside 4. Counter by prep area to include tubs containing containing for holding 5. Floor around grill and under shelving unit. 		
Received By (Name & Title)			Inspected By (Name & Title)		Page 2 of 2

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>
<u>4/15</u>	<u>Put Spring Self Closing hinges of bathroom door.</u>
<u>4/15</u>	<u>Put garbage can w/ lids in bathroom.</u>
<u>4/16</u>	<u>Put hand dryer in Kitchen next to hand wash sink.</u>
<u>4/17</u>	<u>hood is scheduled to be cleaned mon or Tues 21st or 22nd</u>
<u>4/18</u>	<u>Wiped down soiled areas, Labeled everything and moved to go containers.</u>
<u>4/21-4/22</u>	<u>Area Around & under grill will be Addressed.</u>

(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.