



## 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 <b>Train Station Pancake House</b>	Telephone Number ( ) Establishment <b>573-4121</b>	Date of Inspection (mm/dd/yr) <b>2/26/24</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>406 E 4th St</b>	( ) Owner <b>573-4121</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Socrates Montano</b>	Purpose: <u>1. Routine</u>	Summary of Violations: <b>c 1 NC 1 R</b>	
Owner's Address <b>Came</b>	2. Follow-up	Menu Type (See back of page) 1 2 3 <u>X</u> 4 5	
Person in Charge <b>Nora</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Efrain Perez</b>	5. Temporary		
<b>7/28/2000</b>	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	NC		The following non food contact areas are soiled with food 1) rack where clean pans are stored (above sink in kitchen) 2) wall where knives are hung	Today
191	C		Fish in outside walk in does not have label + date/time	

Received by (name and title printed): <b>Nora Medler</b>	Inspected by (name and title printed): <b>April Legare FS10</b>
Received by (signature): <i>Nora</i>	Inspected by (signature): <i>April Legare</i>
cc:	cc: