



**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 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 <u>Wal-Mart #1294</u>	Telephone Number (705) 662-0809	Date of Inspection (mm/dd/yr) <u>7/30/23</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>3200 S Western Ave, Marion</u>			
Owner <u>Wal-Mart Stores East LP</u>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <u></u>	Follow-up <u>NO</u>	Release Date
Owner's Address <u>1300 S</u>	Summary of Violations: <u>P - PE - E</u>		
Person in Charge <u>AS May</u>			
Responsible Person's E-mail <u></u>			
Certified Food Handler <u>Ashton Lester</u>	1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>		

- 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”

Received by (name and title printed):

Received by (name and title printed).
Ashley Custer Stock Coach

Received by (signature):

7/30/25

Inspected by (name and title printed):

Inspected by (signature):

CC

407

88