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 Taco Bell 343	**Telephone Number** (765) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 2-26-24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 3244 S Western Ave			
Owner K Mac Enterprises	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 day
Owner's Address Fayetteville AR	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC 3 R 1	
Person in Charge Shivani	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail —	6. HACCP 7. Other (*list*)	**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler Shivani			

- 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
345	C		Back hand SNK used as A dump SNK-food in it.	
431	NC	R	Flooring Around equipment & under it soiled w/ dried food/grease	
295	NC		Handles on floor cooler and inside - soiled	
308	NC		HVAC Vent up front to include ceiling has dust	

Received by (*name and title printed*):	Inspected by (*name and title printed*):
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
cc:	

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111
Fax 765-651-2419

DATE: _____

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

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

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on 2/16/24.

Date:	Action Taken:
2/16	Powerwashed Step ~~&~~ ladder
2/16	Swept out freezer
2/17	Deep Cleaned the Grill

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Shelby Arnold **Title:** TGM

Establishment Name: Taco Bell

Address: 911 E Baldwin Ave

Attach additional sheets as needed.