



# 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>Bob Evans</b>	Telephone Number (Establishment) <b>765</b>	Date of Inspection (mm/dd/yr) <b>8/15/21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2045 Western Ave., Marion, IN 46968</b>	(Owner) <b>5019668</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Bob Evans</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C = NC 2 R -</b>	
Owner's Address <b>Same</b>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>Anni</b>	3. Complaint	1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Archie</b>	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	
305	NC		Vents above grill soiled	Today	
431	NC		Below grill and on floor dark debris		

Received by (name and title printed): <b>Andree Davis</b>	Inspected by (name and title printed): <b>Archie</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc:

# Grant County Health Department

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

Date: 8-16-24

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 8/15/24

DATE      ACTION TAKEN

8/16 305 Hood vents were taken down and getting clean. Going to put on regular one a week cleaning list.

431- Coach staff on grill + floor cleanliness making sure they know units need to be moved and swept and mopped routinely.

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

Name [Signature] Andrea Davis Title GM

Establishment Bob Evans

Address 2609 S. Western Ave. Marion IN  
46953

Attach additional sheets as needed.