



# 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<br><i>Boys &amp; Girls Club of Grant County</i> | Telephone Number<br><i>765 (605) 6141</i>                  | Date of Inspection<br><i>6-11-24</i>                     | ID #<br><i>27</i>              |
| Establishment Address<br><i>3402 S Main St</i>                     |  | Follow-up<br><i>No</i>                                   | Release Date<br><i>10 days</i> |
| Owner<br><i>Boys &amp; Girls of Ft Wayne</i>                       | Purpose:<br><input checked="" type="checkbox"/> 1. Routine | Summary of Violations:<br><br><i>C - NC - R -</i>        |                                |
| Owner's Address  | <input type="checkbox"/> 2. Follow-up                      |  |                                |
| Person in Charge<br><i>Chris Wallace</i>                           | <input type="checkbox"/> 3. Complaint                      | Menu Type (See back of page)<br><i>1 - 2 - 3 - 4 - 5</i> |                                |
| Responsible Person's E-mail  | <input type="checkbox"/> 4. Pre-Operational                |  |                                |
| Certified Food Handler<br><i>Heather ISS 2020</i>                  | <input type="checkbox"/> 5. Temporary                      |  |                                |
|  | <input type="checkbox"/> 6. HACCP                          |  |                                |
|  | <input type="checkbox"/> 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 |
|----------|------|---|----------------------|--------------------|
|          |      |   | <i>No violations</i> |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |
|          |      |   |                      |                    |

|   |   |
|---|---|
| Received by (name and title printed):<br><i>Christopher Wallace</i> | Inspected by (name and title printed):<br><i>Donna ... April Legare</i> |
| Received by (signature):<br><i>Christopher Wallace</i>              | Inspected by (signature):<br><i>Donna ... April Legare</i>              |
| cc:   | cc:   |