



**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 <i>Chappys Drive Thru</i>		Telephone Number <i>765 Establishment</i>	Date of Inspection (mm/dd/yr) <i>7-8-2024</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>157 W Main St.</i>		<i>674 9900</i>		
Owner <i>Blake Chapman</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>10 days</i>	
Owner's Address <i>308 E North C</i>		Summary of Violations: <i>C - NC / R -</i>		
Person in Charge <i>Mai Vaughn</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>		
Responsible Person's E-mail <i>✓</i>				
Certified Food Handler <i>Kristen Miller 4-2028</i>				
<ul style="list-style-type: none"> • 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>243</i>	<i>NC</i>		<i>Single service packets directly on floor also black cups on floor</i>	<i>TJ May</i>
Received by (name and title printed): <i>Mai Vaughn</i>				
Inspected by (name and title printed):				
Received by (signature): <i>Mai Vaughn</i>				
Inspected by (signature):				
cc:		cc:		cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7.8.24

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 7-8-24

Date:	Action Taken:
<u>7.8.24</u>	<u>put CS of utensils on shelf</u>
<u>7.8.24</u>	<u>put CS of cups on shelf</u>

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

Name of Respondent: Bo Chapman Title: Owner
Establishment Name: Chapman's Dairy Thru Conv.
Address: 157. W Main St Cars City IN 46933