

## 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.

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Establishment Name	Telephone Number	Date of Inspection (mm/dd/yr)	
	( ) Establishment	B/12/17	
Fistablishment Address (Amber and street, city, state, ZIP cody)	1000-1591	Orcher 1001	
Lamala Hutchisan	Purpose:	Follow-up Release Date	
Owner's Address	2. Follow-up	Summary of Violations:	
Dene	3. Complaint	Summary of Violations.	
Person in Charge	4. Pre-Operational	C NC R	
Jennise V	5. Temporary	Marin Trans (C. J. J. C.	
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)	
Cernified Food Handler	7. Other (list)	1 2 3 4 5	
Hamela 2023		***************************************	
• 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	
298 NC 2 Microwares in Kitch	en Solled	loday	
with dry food		J	
		_	
138 NCV Emplaye's Observed	Drepping Wi-	h Today	
out hair restraint	7	ð	
204 C Eggs bring Stored on middle shot Today			
Must be on bottom short			
		1	
305 NC Hood Wents need to be Cl	paned -soil	ed ASAP	
With Dust			
	ein dining	Today	
Koom Soiled Will	~ Dust to		
Include Celling & W	ous in		
walk in Cooler			
		- The state of the	
		1	
Received by (name and title printed):  Jennifer (amery)  Sulf (name and title printed):  Jennifer (amery)			
Received by (signayure):  Received by (signayure):  Inspected by (signayure):			
Santle Camer (			
ke: Cc:	1 John rosur	cc:	

## **GRANT COUNTY HEALTH DEPARTMENT**

Phone 765-651-2401 Ext. 3123/3111  Fax 765-651-2419	6/21/
D.	ATE: 6-6-24
Grant County Health Department	*
401 S. Adams St.	*
Marion, IN. 46953	
PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPAR	RTMENT BY MAIL OR FAX WITHIN 10 DAYS.
The following is a response to the inspection report prepared Safety Officer Dean Small / April Legare from the Grant Co. I	1 by the Health Department Food Health Department on <u>७/५/२५</u> .
Date: Action Taken: 6-6 All employees remarded of the	hair met policy
6-6 All microwave "ceilings" inspec	
6-6 Eggs moved to new permanen	
6-6 Vent above dining room to evening after closing. Will	Seneauce 10 the parties 180
6-6-Hood vents scheduled to be cleaned during shut down	taken apart and
	FRAFITATION MAIL (FAV WITHIN 10 DAVE)
(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DI	EPARIMENT BY MAIL/ FAX WITHIN TO DATE)
Name of Respondent: <u>lennifer (amen)</u> Title	e: General Manager
Establishment Name:	
Address: 1649 w Factory Al	le Marion