



**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>Marion General Hospital Inc</i>		Telephone Number <i>768</i>	Date of Inspection (mm/dd/yr) <i>8-6-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>441 N Wabash Ave</i>		Establishment <i>(660) 7009</i>		
Owner <i>Marion General Hospital</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>N/A</i>	Release Date <i>10 days</i>	
Owner's Address <i>441 N Wabash Ave</i>		Summary of Violations: <i>C - NC 1 R -</i>		
Person in Charge <i>Andrea</i>		Menu Type (See back of page) <i>1 2 3 4 X 5</i>		
Responsible Person's E-mail				
Certified Food Handler <i>Andrea Riggs Jenelle Gustaverson</i>				

- 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>399</i>	<i>NC</i>		<i>Front door / cover to the STEAMER is missing and needs replaced.</i>	<i>30 days</i>

Received by (name and title printed): <i>Andrea Riggs</i>	Inspected by (name and title printed): <i>Dean Smith Angela R. McCollum</i>
Received by (signature): <i>Andrea Riggs</i>	Inspected by (signature): <i>Dean Smith Angela R. McCollum</i>
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: 8-6-2024

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 8-6-24.

Date:

Action Taken:

8-6-24

work order was submitted with plant engineering to replace the front cover on the steamer. (Section 399)

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

Name of Respondent: Sarah J Gerstorff Title: Food Service Director

Establishment Name: Marion General Hospital, Inc.

Address: 441 N. Wabash Ave. Marion, IN 46953

Attach additional sheets as needed.