



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: Skiloh Park Retreat; Telephone Number: (765) 457-4577; Date of Inspection: 6-11-24; ID #: 27; Owner: NE District Church NAZARENE; Purpose: 1. Routine; Follow-up: No; Release Date: 10 days; Summary of Violations: C - NC 1 R -; Menu Type: 1 2 3 4 5

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 295, NC, Spillage at bottom of Hobart Center Pull Hoop.

Received by (name and title printed): Brandy Kunnach; Inspected by (name and title printed): Dawn Lynn...; Received by (signature): Brandy Kunnach; Inspected by (signature): Dawn Lynn...

## GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6/11/24

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 \_\_\_\_\_.

Date: 6/11/24 Action Taken: Pass thru was cleaned and wiped down.

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

Name of Respondent: Brandy Hannah Title: Office Manager

Establishment Name: Shiloh Park Retreat & Conference Center

Address: 1734 S. 1350 E. Marion, IN 46936