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
Rally's

Establishment Address (*number and street, city, state, ZIP code*)
610 N Baldwin Ave, Marion

Owner
Checkers Drive-in Rest.

Owner's Address
4300 W Cypress St. Ste 600 Tampa

Person in Charge
Tena Keys Tyla Whitson

Responsible Person's E-mail

Certified Food Handler
Tena Keys Exp: 4-16-20

Telephone Number
(765) ☑ Establishment
664-4672
( ) Owner

Date of Inspection (*mm/dd/yr*)
4-13-17

ID #
27

Purpose:
1. Routine
2. Follow-up
3. Complaint
4. Pre-Operational
5. Temporary
6. HACCP
7. Other (*list*)

Follow-up
No

Release Date
10 days

Summary of Violations:
C ⓪ NC ⓪ R ⓪

Menu Type (*See back of page*)
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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violation at this inspection	

Received by (*name and title printed*):
Tyla Whitson Shift Manager

Received by (*signature*):
Tyla Whitson

cc:

Inspected by (*name and title printed*):
Traci Little - FSIO

Inspected by (*signature*):
Traci Little

cc:

cc:

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