



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.

Form with fields: Establishment Name (WALMART-DC # 7055 (KITCHEN)), Telephone Number (765 677-7000), Date of Inspection (6-30-17), ID # (27), Establishment Address (100 FISHER PKWY - GAS CTRY), Owner (WALMART STORES LLC), Owner's Address (140 GRAND ST. 300 WHITEPLAINS NY), Person in Charge (BETH HERSH BERGER), Responsible Person's E-mail (N/A), Certified Food Handler (BETH HERSH BERGER exp 2/25/19), Purpose (1. Routine), Follow-up (NG), Release Date (7-10-17), Summary of Violations (C NC 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: Narrative: NO violations at this inspection.

Received by (name and title printed): Michael D. Chipkosy QA Systems Ops Manager
Inspected by (name and title printed): R Dale Carr - FSD / TRACI LITTLE - FSD
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: [] cc: [] cc: []