



**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>Walmart Superstore #1294</i>	Telephone Number <i>(765) 962-0809</i>	Date of Inspection <i>2-2-18</i>	ID # <i>272/2/18</i>
Establishment Address <i>3240 S. Western Ave Marion</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Walmart stores Ernst LP</i>	Owner's Address <i>508 SW 8th St Bentonville Ark</i>	Summary of Violations: <i>C 3 NC 1 R 0</i>	
Person in Charge <i>Justin</i>	Responsible Person's E-mail <i>N/A</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Certified Food Handler <i>Justin Shoffner exp 7/23/2018</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
294	C		<i>(Bakery)</i> Checking sanitizer bottle registered 0 ppm compared to manufacturer's recommendation.	<i>Today</i>
419	C		A bottle of Robitussin cough medicine sitting on prep table.	<i>Today</i>
			<i>(Produce)</i> - No Violations -	
			<i>(Meat Room)</i> - No Violations -	
187	C		<i>(Deli)</i> Buffalo wings temped 124° and Walmart wings directly out of Fryer 124°-129°.	<i>Today</i>
346	NC		No soap at hand sink	

Received by (name and title printed): <i>Justin Shoffner Assistant Manager</i>	Inspected by (name and title printed): <i>Deon Smith PFO / Dale Carr PFO</i>
Received by (signature): <i>Justin Shoffner</i>	Inspected by (signature): <i>Deon Smith PFO</i>
cc:	cc:

## Grant County Health Department

Phone 765-651-2401 ext 111  
Fax 765-651-2419

Date: 2-2-2018

765-651-2401 ext 123 (Phone) 765-651-2419 (Fax)  
Grant County Health Department  
401 South Adams Street  
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT; BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by your agency's representative

Dale Carr on 2-2-18,  
DEAN SMALL

DATE      ACTION TAKEN

2-2-18      Section # 294 C - HAD A Meeting With the BAKERY Department, to MAKE sure they were trained correctly on labeling Spray Bottles And the Use of Chemicals.

2-2-18      Section 419 C - Removed the Bottle of Cough Syrup During Inspection, And Spoke to All of Fresh About It.

2-2-18      Section 187 C. - Buffalo Wings And WALMART Wings Temped At 124 Degrees. Met with the Department And Wont over Hot Holding temps

2-2-18      Section 346 NC - Fixed While inspector was Here, Got New Soap And Replac

Name Justin Shoffner Title Assistant Manager

Establishment MARION WALMART Store # 1294

Address 3240 S. Western Ave, MARION IN, 46953

Attach additional sheets as needed.

