



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 header section containing: Establishment Name (Yeakles Sports Bar), Telephone Number (765) 321-3217, Date of Inspection (3-2-18), ID # (27), Owner (Wesley Yeakle), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (3240 S. Overman St Marion), Person in Charge (Mican Yeakle), Responsible Person's E-mail (N/A), Certified Food Handler (Mican Yeakle Exp 1-23-2023).

- 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. Contains 3 rows of violations: 254 (No sanitizer made for soiled wiping clothes), 191 (Refrigerator in kitchen & freezes several items (food) not date marked), 345 (Hand sink has package of frozen hamburger thawing).

Signature section containing: Received by (Mican Yeakle, Food handler), Inspected by (Dawn Small - FSTO), Received by (signature), Inspected by (signature), cc: fields.

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 3-2-18

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 3-2-18.

DATE:	Action Taken:
<u>3/2/18</u>	<u>#1254 NC Made Sanitized water for soiled wiping cloths</u> <u>Explained to all employees must have sanitized water at all times</u>
<u>3/2/18</u>	<u>#191 C Removed everything from the refrigerator and</u> <u>cleaned and date marked what was not already date-dated</u>
<u>3/2/18</u>	<u>#345 C Removed hamburger from hand sink and placed</u> <u>under running water.</u>

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

Name of Respondent: Micah Yeakle Title: Food Handler
Establishment Name: Yeakle's Sports BAR
Address: 3022 S. Washington St. Marion, IN 46953

• Attach additional sheets as needed.