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 (Kitchen) Wal-Mart Distribution Center #7055	**Telephone Number** (765) Establishment ext 7775 (477)-Owner 7080	**Date of Inspection** (mm/dd/yr) 4-3-18	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 100 Fischer Way Gas City			
Owner Wal Mart Corp LLC	**Purpose:** ~~1. Routine~~	**Follow-up** NO	**Release Date** 4-13-18
Owner's Address 140 Grand St 300 White	2. Follow-up	**Summary of Violations:**	
Person in Charge Elvin Herschberger	3. Complaint	C — NC 2 R —	
Responsible Person's E-mail N/A	4. Pre-Operational	**Menu Type** *(See back of page)*	
Certified Food Handler Beth Herschberger 2-25-2019 Exp	5. Temporary 6. HACCP 7. Other (*list*)	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
			- Kitchen -	
307	NC		Hood system has gaps in between vents.	Today
310	NC		The hood system has dust/dirt debris	Today

Received by (*name and title printed*): Elvin Herschberger / Mary Reyes QA Manager	Inspected by (*name and title printed*): D. Small / D Cook FSO
Received by (*signature*):	Inspected by (*signature*): FSO FSO
cc:	cc:
	cc: