



**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 WALNUT CREEK GOLF COURSE		Telephone Number 765 498 7651	Date of Inspection 5-7-18	ID # 27
Establishment Address (number and street, city, state, ZIP code) 7453 EAST 400 SOUTH MARION IN		() Owner		
Owner RANDY & SARA BALLINGER	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up NO	Release Date 5-17-18	
Owner's Address 7453 EAST 400 SOUTH MARION	<input type="radio"/> 2. Follow-up	Summary of Violations: C <u>1</u> NC <u>-</u> R <u>-</u>		
Person in Charge SARA BALLINGER	<input type="radio"/> 3. Complaint			
Responsible Person's E-mail N/A	<input type="radio"/> 4. Pre-Operational	Menu Type (See back of page) 1 <u>-</u> 2 <u>X</u> 3 <u>-</u> 4 <u>-</u> 5 <u>-</u>		
Certified Food Handler SARA BALLINGER exp 9-16-19	<input type="radio"/> 5. Temporary			
	<input type="radio"/> 6. HACCP			
	<input type="radio"/> 7. Other (list)			

- 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
344	C		THE HANDLEBLOCK BLOCKED WITH CYLINDERS TODAY FOR SODA MACHINE.	

Received by (name and title printed): * Sara Ballinger	Inspected by (name and title printed): R Wade Barr - FSDO
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 05/07/18

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

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 5-7-18.

DATE:	Action Taken:
<u>05/07/18</u>	<u>Cylinders moved to side and under sink. Sink no longer blocked</u>

Name of Respondent: Sara Ballinger Title: owner

Establishment Name: Walnut Creek Golf Course

Address: 7453 E. 400 S. Marion