



**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 <b>JIRLOIN STOCKADE</b>	Telephone Number <b>765 662 5116</b>	Date of Inspection (mm/dd/yr) <b>12/4/18</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3148 S. WESTERN AVE - MARION</b>	( ) Owner		
Owner <b>JP BURSON</b>	Purpose: <b>1. Routine</b>	Follow-up <b>YES</b>	Release Date <b>12/14/18</b>
Owner's Address <b>5708 FIESTA DR NEWBURG</b>	2. Follow-up	Summary of Violations: <b>C 3 NC 5 R 5</b>	
Person in Charge <b>LAURA FARMER</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <b>LAURA FARMER 8/9/17 ISSUE</b>	5. Temporary	1 ___ 2 ___ 3 <b>X</b> 4 ___ 5 ___	
	6. HACCP		
	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
295	NC		THE following "non-food" contacts ARE SOILED WITH OLD DRIED FOOD DEBRIS. 1) ALL BUS CARTS 2) ALL RACKS IN WAREWASHING 3) FOOD TUBS USING TAPE FOR LABELING NEED TO REMOVE TAPE BEFORE RE-USING 4) ALL COOLERS 5) DEEP FRYERS 6) Potato warmer	TODAY
295	C		THE following "food" contact surfaces SOILED WITH OLD DRIED FOOD DEBRIS 1) CAN OPERATOR BLADE / BASE 2) T-S TUBS IN WAREWASHING ARE SOILED AND STORING CLEAN DISHES, UTENSILS AND LIDS. 3) PANS & BOWLS STORED AS CLEAN ARE SOILED STORAGE ROOM IN BACK.	TODAY
218	NC		THE EDESA UPRIGHT FREEZER IN THE GRILL AREA THE HANDLE IS BROKEN AND IS SHARP TO TOUCH FIX / REPLACE	TODAY

Received by (name and title printed): <b>X Laura M. Farmer, general mgr.</b>	Inspected by (name and title printed): <b>R. Small - FSD</b>
Received by (signature): <b>X Laura M. Farmer</b>	Inspected by (signature): <b>R. Small - FSD</b>
cc:	cc: <b>- FSD</b>



## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 111 / 123  
Fax 765-651-2419

DATE: ~~12/13/2018~~

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

1/11/19  
VHS

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  
R. Dale Carr-FSIO / Dean Small-FSIO from the Grant Co. Health Department on 12/4/18.

DATE:	Action Taken:
12/4	295C Equipment & utensils cleaned.
12/4	295NC Food contact surfaces cleaned.
12/4	218NC Problem discussed with owner. Edesa to be contacted since local repairman can't fix.
12/4	136C Employees retrained on drink storage.
12/4	187C All items disposed of, future preventative measures discussed.
12/4	437NC Floor, walls, and ceiling cleaning started.
12/4	310NC Vents cleaning procedure started.
12/4	408NC Lights to be cleaned/painted.

Name of Respondent: Laura M. Farmer Title: general manager

Establishment Name: Sirloin Steakade

Address: 3148 S. Western Ave. Marion, IN 46953

Attach additional sheets as needed.

