



**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>31 Club</b>	Telephone Number (768) Establishment <b>(662) 3182</b>	Date of Inspection (mm/dd/yr) <b>11-1-18</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3113 S. Washington St</b>	Owner <b>Bart Clevenger</b>	Follow-up <b>-</b>	Release Date <b>10 days</b>
Owner's Address <b>820 Bond Ave Marion</b>	Purpose: <u>1. Routine</u>	Summary of Violations: <b>C / NC / R /</b>	
Person in Charge <b>Debra Sargent</b>	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail <b>N/A</b>	3. Complaint	<b>1 2 3 / 4 5</b>	
Certified Food Handler <b>Bart Clevenger exp 3-2020</b>	4. Pre-Operational		
	5. Temporary		
	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
191	C	X	Food in "True" cooler not labeled or date marked for taco meat etc * previous violation 3-2018	today
291	NC		Test strips this facility hasnt doesnot measure bleach.  * Precision Iodine test strips (100 strips per tube)	today

Received by (name and title printed): <b>Debra Sargent</b>	Inspected by (name and title printed): <b>Dawn Small PGSD</b>
Received by (signature): <i>Debra Sargent</i>	Inspected by (signature): <i>Dawn Small</i>
cc:	cc:



# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 11-2-18

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 11-1-18.

DATE:                      Action Taken:

<u>11-2-18</u>	<u>Fix That day</u>
<u>11-2-18</u>	<u>Fix That day</u>
<u>11-2-18</u>	<u>Order Today 11-2-18 by hear 11-5-18</u>

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

Name of Respondent: Bart Cleverger Title: Pres

Establishment Name: 31 Club

Address: 3113 SO Washington ST Marion IN 46952

• Attach additional sheets as needed.