



**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.

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|--|--|--|---------------------------------|
| Establishment Name <i>APPLE BEES NEIGHBORHOOD BAR/GRILL</i> | Telephone Number <i>(765) 666-8613</i> | Date of Inspection (mm/dd/yr) <i>12/3/18</i> | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>1129 N BARDWIN AVE MARION</i> | () Owner | | |
| Owner <i>APPLE INDIANA III LLC</i> | Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) | Follow-up <i>NO</i> | Release Date <i>12/13/18</i> |
| Owner's Address <i>P.O. Box 507 WEST Linn, OR</i> | Summary of Violations: <i>C L NCL R</i> | | |
| Person in Charge <i>DANIEL MADDEN</i> | Menu Type (See back of page) | | |
| Responsible Person's E-mail <i>N/A</i> | 1 ___ 2 ___ 3 <i>X</i> 4 ___ 5 ___ | | |
| Certified Food Handler <i>DANIEL MADDEN 12-7-16</i> | | | |

- 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 |
|------------|-----------|---|---|--------------------|
| <i>295</i> | <i>NC</i> | | <i>SERVICE LINE HOLDS HOT FOOD + LE UNDER LEDGE HAS OLD FOOD DEBRIS & OTHER DEBRIS</i> | <i>TODAY</i> |
| <i>295</i> | <i>C</i> | | <i>Spoons (clean), STORED WITH SPOONS & CONTAINER STORED IN ARE SOILED WITH OLD DRIED FOOD DEBRIS</i> | <i>TODAY</i> |
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| Received by (name and title printed): <i>Dan Madden</i> | Inspected by (name and title printed): <i>Rachel... FSO</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>[Signature] FSO</i> |
| cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: _____

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
R.Dale Carr-FSIO / Dean Small-FSIO from the Grant Co. Health Department on 12/3/18.

DATE: 12/3/18 Action Taken: 295 NC - CLEAN UNDERSTOVE NEAR HEAT LAMPS (COMPLETED 12/4/18)
ZDSC: SPOONS STORED IN SOILED PAIL - CORRECTED SAME DAY.

Name of Respondent: DON MOODY Title: GENERAL MANAGER

Establishment Name: APPLEBEES

Address: 1129 N BROADWIN MARION IN 46952