


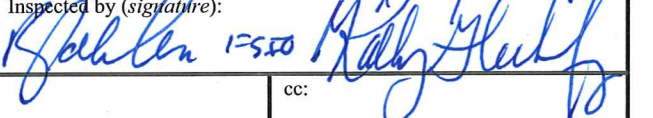


RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPARTMENT
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46053

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 SPLASH HOUSE #1 & #2			Telephone Number (765) 660-1794		Date of Inspection (mm/dd/yy) 5-19-14		ID # 27	
Establishment Address (number and street, city, state, ZIP code) 301 S BRANSON ST. MARION			() Owner					
Owner MARION CITY PARKS DEPT.			Purpose:		Follow-up NO		Release Date 5-29-14	
Owner's Address SAME			1. Routine		Summary of Violations: C___ NC___ R___			
Person in Charge MITCH CAN			2. Follow-up					
Responsible Person's E-mail N/A			3. Complaint		Menu Type (See back of page) 1___ 2 X 3___ 4___ 5___			
Certified Food Handler NON PROFIT			4. Pre-Operational X2					
			5. Temporary					
			6. HACCP					
			7. Other (list) OK TO OPEN 5-24 / 11:42					
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" sample is ok</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>								
Section#	C/NC	R	Narrative				To Be Corrected By	
			Splash House #1					
295	NC		NOZZLES OF SODA MACHINE BOILED WITH DEBRIS, TO INCLUDE PAN OF UTENSILS				TODAY	
			SODA MACHINE OUTSIDE SOILED WITH DRIED SYRUP					
			Splash House #2					
295	NC		THE INSIDE OF OUTDOOR GRILL IS SOILED WITH DRIED FOOD DEBRIS				TODAY	
			THE TABLES AND ICE SCOOP SOILED WITH DEBRIS					
430	NC		THE FACIA BOARD ON WEST AND AIR GAPS AT TOP ON NORTH / SOUTH END				1-WK	
			NEED FIXED SO THAT IT IS NOT OPEN TO OUTSIDE.					
			* NEED BEFORE OPENING *					
			* A WATER SAMPLE FOR POOLS HAS NOT BEEN SUBMITTED TO GRANT CO HEALTH DEPT. (KAYLA)				MAY 24TH	
Received by (name and title printed): x Mitchell Can - Splash House Director			Inspected by (name and title printed): Rick Carr - FSD / Kathy Glick					
Received by (signature): 			Inspected by (signature): 					
cc:			cc:			cc:		

Operator Response to Inspection
State Form 80047 (2-01).

Grant County Health Department

Phone 765-651-2401 ext 111
Fax 765-651-2419

Date: 5/26/14

765-651-2401 ext 111 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

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

The following is my response to the inspection report prepared by your agency's
representative
Dale Carr on 5-19-14,

DATE ACTION TAKEN

5/23 Pepsi employees cleaned nozzles before they put them
on. Utensils were washed and stored. Soda machine
cleaned. Under Fountain machine was painted for
cleaning purposes.

- Grill was cleaned, Tables and Ice Scoop washed
- Concession building finished including Fence board
and Gaps.

Name Mitch Carr Title Splash House Director

Establishment Splash House

Address 2601 South Adams St.

Attach additional sheets as needed.