

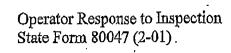
RETAIL FOOD ESTABLISHMENT

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

OD DAVISION | SOUTH ADAMS STREET

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 lin	nit for cor	rection	n of each violation is specified in the narrative portion of thi	s report.	-	7	· -	
Í	Establishme	ent Name			Telephone Number	Date of Ins		D#	
	LOVES	S TRA	↓√	-(STOP # 323	769 662 64 62	, , ,		7 -7	
ľ				nber and street, city, state, ZIP code)	() Owner	5-16	s-14	27	
	253	TIP	PY	DITCH DR.		and the second second			
ĺ	Owner		•	1 Stops & Country Store	Purnose: 1. Routine	Follow-up		e Date -26-14	
ı	Owner's Ad				2. Follow-up	Summary	of Violatic	ons: .l.	
ļ	106	01 M	f	ENN SY VANIA OK	3. Complaint	1			
×	Person in C	harge	11,	5//	4. Pre-Operational	c_1	_ NC <u></u>) R <u>(</u>)	
	Brian	1	<u>n</u>		5. Temporary	Monn Tw	pe (See bac	k of page)	
	Responsible			ll	6. HACCP	Wicha Ty	se (Bee one.	. 0, pg.)	
	Certified Food Handler 7. Other (list)					1 × 2 3 4 5			
	Not	Real), R	en per Meny - (currently))				
	• CRITICAL	ITEMS AF	E IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN	MARKED "C"				
	• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
	Section#	C/NC	R	Narrative Narrative			To Be Co	orrected By	
ť	133	NC		EmployEE 15 handling for	d RESTOCKIN	g the	ş ⊤	JOAY	
				COOKING / WARMER UNIT	WITH OUT Glo	1/1=5			
				DUE TO EmployEE has for	many mul noli	SH ON			
				· • · · · · · · · · · · · · · · · · · ·	reger part port	5.(0.9		1.4.1	
	201			fingermils.	<u> </u>		~~	-524)	
	294	C	V	NO SINITIZER MADE FO	R SOILED W	pura	- JND	NROW	
				cloth5					
	245	NC		Soilor wiping cloth is	lying on 4	-Dat	ري.	DAY	
				of HANDSINK					
	298	NC		PANASONIC MICROWAVE L	OCATED UNDER	e the		ODAY	
				Cappuceino machini= - not	INUSE THE 1	NTERI	X.		
				12 SOILED WITH DRIED FOOD					
	297	NC		ALL SODA AND COFFEE	NOZZIES /1	DISPER	usurs	TODAT	
				ARE SOLED WITH A MAKE R	ESIDUE.	,		,	
	218	NC		THE SOAP DISPENSER IS	Broken in BAC	K	To	SOA Y	
	<u> </u>	100		GOOD prep AREA.					
	344	Nc	 	THE BREKEN SOAP DISPER	1548 15 lau.	~ ~	Tul	DAY	
	97.T	100		the wandsonk.		· • • • • • • • • • • • • • • • • • • •			
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	Received by	 y (name ani	d title	printed):	Inspected by (name and title p	rinted):			
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	Received by		estermentale		Inspected by (signature):				
	a S								
	cc:			ce:		cc:			





	Phone 765-651-2401 ext 111 Fax-765-651-2419
	Date: 5 - 16 - 14
- 	765-651-2401 ext 1 1 1 (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 <u>Dale Carr</u> on <u>5-16-14</u> ,
94)	DATE ACTION TAKEN 5-16-14 Cloth Towel Removed. Sanitizer Spray i Paper Towels Replace
. ,	5-16-14 Employee Instructed Retrained to wear froper Gloves. 5-16-14 Sixiled wifing cloth removed.
	5-16-14 Microver Cleaned out. Assigned to daily Totalist.
	5-16-14 Soda and Coffee nozzles instructed to be clemed nishtly. 5-16-14 Sexp dispenser to be placed onto wall by Maintainence.
	5-16-14 Soup dispenser removed from Handsink
•	Name Brian Hill Title Market Manager
	Establishment Love's Travel Stop # 323
	Address 253 Tippy Ditch Dr.

Attach additional sheets as needed.