



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

STANT COUNTY HEALTH DEPARTMENT
FOOD DIVISION
407 SOUTH ADAMS STREET
BOZEMAN, IN 46009

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 LOVES TRAVEL STOP # 323	Telephone Number 765 662 6462	Date of Inspection (mm/dd/yr) 5-16-14	ID # 27
Establishment Address (number and street, city, state, ZIP code) 253 TIPPY DITCH DR.	() Owner	Follow-up No	Release Date 5-26-14
Owner LOVES TRAVEL Stops & COUNTRY STORE	Purpose: 1. Routine	Summary of Violations: C 1 NC 6 R 0	
Owner's Address 10601 N PENNSYLVANIA OK	2. Follow-up	Menu Type (See back of page)	
Person in Charge Brian Hill	3. Complaint	1 X 2 3 4 5	
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler NOT REQUIRED PER MENU -(CURRENTLY)	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
133	NC		EMPLOYEE IS HANDLING FOOD, RESTOCKING THE COOKING / WARMER UNIT WITHOUT GLOVES DUE TO EMPLOYEE HAS FINGER NAIL POLISH ON FINGERNAILS.	TODAY
294	C	✓	NO SANITIZER MADE FOR SOILED WIPING CLOTHS	TODAY 2ND IN ROW
245	NC		SOILED WIPING CLOTH LAYING ON LEDGE OF HAND SINK	TODAY
298	NC		PANASONIC MICROWAVE LOCATED UNDER THE CAPPUCCINO MACHINE - NOT IN USE THE INTERIOR IS SOILED WITH DRIED FOOD DEBRIS.	TODAY
297	NC		ALL SODA AND COFFEE NOZZLES / DISPENSERS ARE SOILED WITH A DARK RESIDUE.	TODAY
218	NC		THE SOAP DISPENSER IS BROKEN IN BACK FOOD PREP AREA.	TODAY
344	NC		THE BROKEN SOAP DISPENSER IS LYING IN THE HANDSINK.	TODAY

Received by (name and title printed): Brian Hill Market Manager	Inspected by (name and title printed): ROCKY - FSD/EUS
Received by (signature): [Signature]	Inspected by (signature): [Signature]
cc:	cc:

Grant County Health Department

Phone 765-651-2401 ext 111

Fax 765-651-2419

Date: 5-16-14

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 5-16-14,

DATE ACTION TAKEN

294) 5-16-14 Cloth Towel Removed. Sanitizer Spray & Paper Towels Replaced
5-16-14 Employee Instructed / Retrained to wear proper Gloves
5-16-14 Soiled wiping cloth removed.
5-16-14 Microwave cleaned out. Assigned to daily Task list.
5-16-14 Soda and Coffee nozzles instructed to be cleaned nightly.
5-16-14 Soap dispenser to be placed onto wall by Maintenance.
5-16-14 Soap dispenser removed from hand sink.

Name Brian Hill Title Market Manager

Establishment Love's Travel Stop # 323

Address 253 Tippy Ditch Dr.