

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.

D . I	. 31			T.I. I. N. I.	Data of In	anastian	ID#		
Establishme	ent Name W Ho	5	5	Telephone Number	Date of Inspection (mm/dd/yr)				
		-	mber and street, city, state, ZIP code)	() Overnous	3-23-17 27				
97	9 50	. V	MA m St. Box 85 UP land	() Owner	5 -	-) ((
Owner	1			Purpose:	Follow-up Release Date				
CAN	201.	5L	AIN	1. Routine	NO 4-2-17				
Owner's Ad		5	00 5 1 Bac 0 5 - 10 0	2. Follow-up	Summary of Violations:				
	65 E		005/Box 85 uplano	3. Complaint	1 2				
Person in C		54	AIW	4. Pre-Operational	C NCZR				
Responsible				5. Temporary	Menu Type (See back of page)				
тевропологе	T CI SON S		" N/A	6. НАССР					
Certified Fo	ood Handle	er	D 111:51 = 3: 0-= 5	7. Other (list)	12345				
DAR	RJA)	Ruthledge 9xp 9.27.20						
• 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 Co	orrected By		
173	C		1- Container of RAW BI	EF PRODU	DUCT Cornected				
			STORED OVER CUT ST	RAW BERRY	'S				
				efrigorate		So			
			IN ApT. type Prep Room RAI	,			Zefrizuato		
306	NC		THE VIENT ABOVE HE		14	70			
			DEED FRYER HAS A	ago betw	een				
			Gliers	grip -			1		
347	NC		IN THE PREP AREA USED TO MAKE TUDAY						
			Short cakes, THE DISPENSOR FOR						
		wiping cloths in RESTROOM 15							
			Empty.	•					
431	Nc	/		PUER HAS A	mon .	TO	SDAY		
	debris and other debris (greasE)								
	ALSO IN WALK-IN FREEZER MY DEBRIS								
	UNDER THE STORAGE RACKS								
			ONDER 140 SICIONES						
			\$P						
Received by	(name and	l title	printed):	Inspected by (name and title p	rinted\:				
Received by (name and title printed): Inspected by (name and title printed): HILL SLAIG Inspected by (name and title printed):									
Received by (signature): Inspected by (signature):									
F Man + four COUNTY = FSTO									
cc:	110	er	cc:	1 Judgesting	cc:				
				V					



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

GRANT COUNTY HEALTH DEPARTMENT

	765-651-2401 765-651-2419	DATE: 3/28/2017
401 S.	County Hea Adams St. n, IN. 46953	alth Department
PLEASE DAYS.	E SEND YOUR I	RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10
The follo	owing is a resp e Carr-FSIO	onse to the inspection report prepared by the Health Department Food Safety Officer from the Grant Co. Health Department on
DATE: 3/28	#173	Action Taken: Beef Froduct was moved to the lowest shelf away from Strawberries. In apt eggs were move away from butter.
3/28	# 306	Gap has been corrected over fryer.
3/88	#,347	Paper Towel in Kitchen apt bothroom filled.
3/28	4431	Floor under figer has been swept & mopped. Floor in Freezer has been swept & mopped.
Name of	f Respondent:	Mark Souers Title: (senera) Manager
Establis	shment Name: (Ivanhoes Drive In
Address	: 979 S.	main St. Upland, I.N. 46989