

## 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.

Establishme	nt Nama	***************************************		Telephone Number	Date of Inspec	tion	ID#	
TAYLOR	z Üni	NEY.	2514- BOREN STUDENT (BINTER	765 4678 4678	(mm/dd/yr) 4-Z6	-17	27	
Establishme	nt Address	(nun	ther and street, city, state, ZIP code)	( ) Owner	476	-1/		
236	W	Ki	FADE AVE- UPAND					
Control of the Contro				Purpose:	Follow-up		e Date	
TAYLO	nr -	CK	LEATIVE DINING	1. Routine	NO 5-5-17			
Owner's Ad	ldress (		ade St.	2. Follow-up	Summary of Violations:			
<b>Z36</b>		<u> </u>	AUE JI.	3. Complaint	$c \setminus NC3$ R			
Person in C	MDA_		HRISTAN	4. Pre-Operational				
Responsible				5. Temporary	Menu Type (See back of page)			
Responsi			N/A	6. HACCP	1 2 3 4 5			
Certified Fo	ood Handle	r		7. Other (list)	12_	_3 <u>N</u>	_45	
BRONDA CHRISTIAN EXP 12-18-17								
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATIC	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NAI	RRATIVE	BELOW AS "R"	
Section#	C/NC		Narrative		7	Го Ве С	orrected By	
245	から		Soiles wiping cloths b NOCT TO SANITIZER, AS MAD A wiping cloth in	Aving on A	TRAV	Ti	DAY	
75	NC		AINCE 70 SANTIZED AS	10 Employs	75			
			has a way a class in	this poor	E. (			
200	<del> </del>		THE CAN OPENER BLADE CRIED GOOD DEBRIS ON	(MNT IAI UST)	h45	7	ONAP	
295	C		THE CAN OPENER IS AND	2110016)	··· _			
		ļ	dried toud appris ove	13 141/6				
		<u></u>	13800	5 422 +45		11	JDA7	
272	NC		THE SET-UP OF 3-BAY S SANTIZED BAY HAS TO	O I I I I	IN			
		<u> </u>	SAMTIZED BAY HAS T	odd debri	110			
			SINK.				<u> </u>	
			_					
352	NC		OF CHICK-FILE DOESN'T	n LOCATED to	SACK	1-	MK	
			of CHICK-FILET DOESN'T	HAVE A SEL	<i>f</i>		A	
			CLOSURE DEVICE.	-				
-								
		-	FRESH					
		+-		OFERTION )				
		+-	NO VIOLATIONS AT THIS ING	7-0-1010				
	1	+-		SOHTHOM				
D	1	] ] title	No VIOLATIONS AT THIS IN	Inspected by (name and title	printed):			
Received by (name and title printed):    Proposition   Pro								
Received by (signature): Inspected by (signature)								
1								
cc:	ung	X	cc:	11990	cc:			
· · ·								
1								

## GRANT COUNTY HEALTH DEPARTMENT

Phone Fax	05-651-2401 05-651-2419 DATE: 426 17
401 S	County Health Department Adams St. , IN. 46953
PLEAS Days.	SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10
The fol R.Da	ving is a response to the inspection report prepared by the Health Department Food Safety Officer Carr-FSIO from the Grant Co. Health Department on <u>4~26 1 7</u>
DATE:	Action Taken:
4/2	352) Submitted a work order to have device installed on restroom door, so it will automatically close.
4 2	(272) Meeting held with all employees on proper dishwashing procedures.
4/2	(205) meeting held with all employees instructing them can opener needs to be cleaned after each use
4/21	(245) meeting held with all employees instructing them on proper use a storage of dish towels.
Name	Respondent: Brenda Christian Title: Retail Manager  Boren  Boren  Campus Center
Addres	236 W Reade Ave Upland IN 46989