

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 Sahitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

				• .	-		T		
Establishm				00	Telephone Number	Date of Ins	pection	ID#	
STEA	K-	N-	SHAKE # 2	765 Establishmen (27				
Establishme	ent Addres	s (nu	mber and street, city, state, ZI	() Owner	2-2-17 27				
	4 5	•	WESTERN AN						
Owner					Purpose:	Follow-up Release Date			
STEA	K-N) -	SHAKE	1. Routine	15 2-12-17				
Owner's Ac			1 4 4	2. Follow-up	Summary of Violations:				
10 / 5	YEN!	NS	YLVANIA ST. 40	3. Complaint	c4 NC3 R				
Person in C			20-1100	4. Pre-Operational	$C \stackrel{\longleftarrow}{\longleftarrow} NC \stackrel{\smile}{\longrightarrow} R \stackrel{\longleftarrow}{\longrightarrow}$				
Responsible			Brewer	5. Temporary	Menu Type (See back of page)				
Kesponsibil	e i cison s		A	6. НАССР	Menu Type (See back by page)				
Certified Fe	ood Handle	ar.			7. Other (list)	1 2	3	4 5	
DEPORAN DARMALLE 4/2019					COLLED COLLED	12345			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"									
• VIOLATIO	N(S) REPE	ATEI	FROM PREVIOUS INSPECTI	ONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE N	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R		Narrative			To Be Co	orrected By	
129	C		Employees	putting o	on gloves,		TOT	DAY	
			WITHOUT +	IRST WASY IN	19 MANOS				
138	NC		+1-3 employees proparing food without TODAY						
			BEARD QUAREDS						
345	C		Both HANDSINKS SOILED WITH LEBRIS TODAY						
			HANDSINK BACK BY SHAKES HAS A METAL (
			CUP IN SIMK WITH RUNNING WATER, HAND						
			SINK AT END OF BAR HAS GOOD LEBRIS						
			in Sim.						
295	C			NELLS IN SH	AKE OREP A	TODAY			
			BOTH LIVE WELLS IN SHAKE PREP AREA TODAY HAS A SOILED FLOATING RESIDUE AND						
179	C.		EmployEE hamoling Porsonal Phone TUDAY					SDAY	
			then STARTED MAKING MILK SHAKES						
						, ,			
795	NC		THE FOLLOWING EQUIPMENT IS SOILED TODAY						
00	NC		WITH GREASE AND DEBRIS						
			1) ALL HANDLES OF REFRIGERATORS/FRETCOPS						
Received by	(name and	l title	printed): TO I VECTOE	INSIDE UNITS	Inspected by (name and title p		Cym	(
Received by (name and title printed): TO LUCCUOE INSIDE UNITS Inspected by (name and title printed): Received by (name and title printed):									
Received by (signature): Inspected by (signature);									
Billy Breyer Rull M- FSTO									
cc: O		7)	4	ce:	1 July 1	cc:	~10		
BM	ly	0	<u>~</u>						

NARRATIVE REPORT

Establish	Inspection Date							
र्गास	Inspection Date							
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY				
295	NC		ONTINUED	TODAY				
			3) KETSIND I MUSTARD HOLDERS	,				
			4) ALL DEEP FRYERS INSIDE! OUT OUNDER ALL EQUIPMENT IN KITCHEN, PREP AREAS ECT SOILED WITH FOOD DEBRIS					
431	NC	F	DINDIER ALL EQUIDMENT IN KITCHEN, DREP	TODAY				
			AREAS ECT SOLLED WITH FOOD DEBRIS					
			& DARK RESIDUE INCLUDING WALLS					
			Complant filso is confirmed					
			Complant filed is confirmed with THIS INSPECTION					
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Received B	v (Klaffne	ا د چ	itle) Inspected By (Name & Title)					
B	ller		Bry Pale Cant - +5+0	Page 2 of 2				
State Form 4862 (R2 / 8-05)								