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

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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: THE Mill	**Telephone Number** (765) 664-4637 Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 6-7-17	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1001 N Washington St. MARION			
Owner: Geoff Eltzroth	**Purpose:** 1. Routine	**Follow-up**: YES	**Release Date**: 6-17-17
Owner's Address: 1421 N Matter Park Rd	2. Follow-up	**Summary of Violations:**	
Person in Charge: SAM ELKIN	3. Complaint	C 11 NC 5 R 6	
Responsible Person's E-mail: N/A	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: EMPLOYEE COULD NOT FIND OWNER HAS 10 DAYS TO PROVIDE	5. Temporary 6. HACCP 7. Other (*list*) _____	1 2 3 X 4 5	

- 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
138	NC	X	COOK / DISWASHER DID NOT HAVE A HAT, HAIRNET AND DO NOT HAVE A BEARD GUARD	TODAY
295	NC		THE FOLLOWING "non-food" CONTACT SURFACES ARE SOILED WITH DRIED FOOD DEBRIS AND other debris. 1) TABLE BY WEST DOORWAY TO KITCHEN HAS CLEAN KNIVES +/- 5 STORED ON TABLE. 2) DRIP TRAY of 6 BURNER STOVE 3) HANDLES of ALL FLOOR COOLER DOORS & REFRIGERATOR DOORS	TODAY
295	C	✓	THE FOLLOWING "FOOD CONTACT" SURFACES ARE SOILED WITH DRIED FOOD DEBRIS & OTHER DEBRIS. 1) ON RACK IN KITCHEN 3 - BOAT BOWLS SOILED WITH FOOD DEBRIS - BOWLS STORED AS clean. 2) MEAT SLICER - STORED AS CLEAN - SOILED 3) SOILED PLASTIC TUB, CONTAINED CLEAN UTENSILS	TODAY

Received by (*name and title printed*): x Samantha H. Elkin	Inspected by (*name and title printed*): R Dale Carr - FSSD / TRACI LITTLE
Received by (*signature*): x Samantha H Elkin	Inspected by (*signature*): R Dale Carr FSSD / Traci Little

cc:	cc:	cc:

NARRATIVE REPORT

Establishment Name	Address	Inspection Date
THE Mill	1001 N WASHINGTON ST. MARION	6-7-17

Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
136	C		PERSONAL DRINK SETTING ON TOP OF HAND-TOWEL DISPENSER, AND "BAR" AREA ON TOP OF FLOOR COOLER.	TODAY
171	C		IN A PLASTIC CONTAINER, APPEARED TO BE BREADING USING BOWL AS A SCOOP - NO HANDLE ALSO IN CONTAINER WITH FLOWER IN, HAD A SCOOP WITHOUT HANDLE	TODAY
173	C		RAW PRIM RIB, STORED ON A RACK - IN WALK-IN COOLER OVER SALAD DRESSING	TODAY
191	C	X	WALK-IN COOLER ON A RACK PAN MASH POTATOES IS NOT DATEMARKED, ALSO IN KITCHEN UPRIGHT COOLER PAN OF BREADING IS NOT DATEMARKED	TODAY
192	C		A CONTAINER OF SPINISH DIP (DATED 5/29/17) LOCATED IN WALK-IN COOLER	DISCARDED
294	C		THE WARE WASHING MACHINE WHEN TESTED MEASURED "0" ppm, FOR SANITIZER. (SANITIZER EMPTY - EMPLOYEE STATED NON ON PREMISES	TODAY
347	NC		NO PAPERTOWEL AT 3 LOCATIONS IN THIS FACILITY 1ST LOCATION - HANDSINK-DISPENSER FOR PAPERTOWEL! 2ND LOCATION - BAR HANDSINK LOCATION (NO DISPENSER) NO PAPER 3RD LOCATION - WOMENS RESTROOM DISPENSER	TODAY
310	NC		THE HOOD SYSTEM IN KITCHEN IS HEAVILY SOILED WITH GREASE, LINT, AND OTHER DEBRIS.	TODAY
141	C		SMALL ANTS ARE IN A CONTAINER OF FLOUR	DISCARDED
415	C		+/- 12-15 FLYS IN KITCHEN & BAR AREA (DOWNSTAIRS (UPSTAIRS)	TODAY
324	C		THE FAUCET IS BROKEN, AT HANDSINK USED IN BAR AREA, THE HOT WATER DOESNT WORK WHEN HANDLE IS USED.	TODAY
298	NC	X	THE INTERIOR OF MICROWAVE SOILED W/ FOOD DEBRIS - NOT IN USE	TODAY
118	C	X	THIS IS 2ND VIOLATION ON THIS FACILITY, CANNOT PROVIDE A "CFH" CERTIFIED FOOD HANDLER CERTIFICATE.	10 DAYS
X		X	PER EXSISE, THIS FACILITY IS REGISTERED AS A BAR - UNDER LAW NO ONE UNDER 21 YEARS OLD IS ALOWED IN THIS BUILDING, ALSO THE ENTERANCE HAS TO HAVE SIGNS STATING "THIS IS A SMOKING FACILITY"	X 10 DAYS

Received By (Name & Title)	Inspected By (Name & Title)	Page 2 of 2
	RDyle Carr - FSID / Traci Little	

State Form 48621 (R2 / 8-05)