

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 parrative portion of this report.

The time lin	nit for cor	rection	n of each violation is specified in the narrative portion of th	is report.	V	1	
Establishment Name Telephone Number					Date of Ins		ID#
WALMART DISTRIBUTION (EXTER = 1055 165 Istablishing 1000)							27
Establishment Address (number and street, city, state, ZIP code)							27
100 FISHER PARKWAY - GAS City							D. (
Owner WALMART				Purpose:	Follow-up Release Date NO 4-13-18		
Owner's Ad				1. Routine			
140	GRAV	(I)	SY. WHITE PANS-NY	2. Follow-up 3. Complaint	Summary of Violations:		
Person in Charge						NC	R
MAR	YK	色	165	5. Temporary			
Responsible	e Person's	E-mai		6. HACCP	Menu Type (See back of page)		
			NIA Harman		V		
Certified Fo	ood Handl	er	NIA	7. Other (list)	1 × 2 3 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"							
				UMMARY OF VIOLATIONS" AN	IN THE N		
Section#	C/NC	R	Narrative			To Be C	Corrected By
			(TMG)				
							4
295	95 C SO, LED UTENSIS STORED IN A DRAWER						TODAY
	WITH CLEAN UTENSILS, ALSO 3 DRAWERS						
Soilers with coffee grounds ETT IN							
Contact wire product & stausils							
	Control and it is a second of the second of						
			5				
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		-					
			2				
		-	-				
							7.
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				Ir will a re-		_/_	
Received by (name and title printed): Inspected by (name and title printed):							
Mary Roys QA Mamar Rale lan-Fro Dean Smil-Fin							
Received by	signature	2):		Inspected by (signature):	1-1		1 /1 /2
11/W/ - 17.W/ Weekey Be							
cc:			. cc:		cc:		