

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.

I ne time lin	nit for cor	rectio	n of each violation is specified in the narrative portion of thi	s report.			
Establishme	ent Name			Telephone Number	Date of Ins (mm/dd/§r)	pection	ID#
IVA	n He	E	5	765 FG 13 m261		1	-
Establishme			mber and street, city, state, ZIP code)	() Owner	10/11/18 27		
979	50.	m	Ain St. UPLAND			·	
Owner	1	I	1	Purpose:	Follow-up	p Relea	se Date
CAR	v l	51,	AIN	1. Routine	No 10/21/18		
Owner's Ad	ayaan waa daadahaa daadal wada ka	6	i'	2. Follow-up	Summary of Violations:		
9 15	5 E.	. 5	100 so. Bux 85 upland	3. Complaint			
Person in C	harge	~		4. Pre-Operational	$\frac{1}{1}$ NC $\frac{5}{1}$ R		
DARR	LEN	<u> </u>	KUTLEDGE	5. Temporary			
Responsible	Person's		il ,	6. HACCP	Menu Type (See back of page)		
			NA				
Certified Fo				7. Other (list)	123_X_45		
GAR	ett	<u>ර</u> ්	KER				
		E IDE	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" A	D IN THE N	ARRATIVI	E BELOW AS "R"
Section#	C/NC	R	Narrative			and desired the second second second	orrected By
				7	r	, ,	MAIL
138	Nc		Employees preparing f	ed) without		10	ND Y Y
			Effective MIR RESTRINT				
		ļ	GUARDS. IN GRILL & FOOD	PREP AREA	5		
246	NC.	X	SoilED Wiping cloth	5 (+1-5) LA	Ying	_ 70	50A Y
			on proptables in grit) `		
			BACK PREY AREA.				
146	NC			-nd0,1005	a C	-	ODAY
140	NC		NEED LABOUR FOR C	Participes	01		() ()
		<u> </u>	what Appears to Gruit	DENIO ECI	,		
			SILADS IN REFRIGERATO	RS (CHICKEN	/		
431	WC		THE FLOOR UNDER TABLE	5 IN THE B	ACK	70	DAY
			FOOD PRED AREA W/ WA				
295	NC		THE following "Non fewo		ie Frac-	5	1010A4
			SOILED WITH OLD DRIED FOOD		1- (7 (
		-	1) Day and many the area to	& En Source			
		 	1) Brown TRAY HOLDING LID	S TOK JOULDS)
			2) 4-15 LIDS FOR SOUPS				
			3) CHEESE CONTAINER & ELE	ATRICAL WARW	LER		
295	C		THE MEAT SLICER STERED AS CLEAN MAS TODAY				
			OLD DRIED FOOD DEPRIS				
			المال	5 / MAS 114			
Received by	(name and	 title	printed):	Inspected by (name and title)	orinted):		
Received by (signature): Law & Ruttedge Manager RDqk (Nr. Fito Mean Small-Fito Received by (signature): Law & Ruttedge Manager RDqk (Nr. Fito Mean Small-Fito) Received by (signature): Law & Ruttedge Manager RDqk (Nr. Fito Mean Small-Fito) Received by (signature): Law & Ruttedge Manager RDqk (Nr. Fito Mean Small-Fito)							
Received by (signature): Low Specific by (signature): Low Specif							
cc:		U	cc:	,	₽c:		<i>'</i>

Operator Inspection Response State Form 80047 (2-01)



GRANT COUNTY HEALTH DEPARTMENT

Phone	765-651-2401
Fax	765-651-2419

DATE: 10-22-18

Grant County Health Department 401 S. Adams St. Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 1017-18.

DATE:	Action Taken:
10-11-18	In structed employees to wear hair & Beard
Sect. 138	Cocher to Made GUTE They Know Whate The 11572 CHE
10-11-18	To Start of Pmolarets to been yests 10 santification
Sect. 275	water and instructed management tobe on
Dear, MID	1. V = .1. ln \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Instructed wen to proper labeling, month,
10-11-18	
Sect, 176	Cleaned that day and instructed management
10-11-18	Cleaned that day and miles to the
5ext4)31	to keep eye onthis and to keep it lean.
10-11-18	The non Food contact SurFaces Weaned
Sect 795	and instructed management to keep aneye
	enthis and keep it cleaned.
	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	the (Eason this should be properly cleaned.
(81 = 4 0 =	FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).
(PLEASE	
Name of Deeper	ident: Mark Sours Title: General Manager
Name of Respon	Ident. 11121
Establishment N	lame: Ivan hor's
<i>~</i>	7-1 M 1001 1001 TW W1989

Attach additional sheets as needed.