

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.

i ne ume m	mu ior cori	ectio	of each violation is specified in the narrative portion (of this report.	1419		
Establishm MC 1	ent Name	D/	loo Co - Iw U	Telephone Number () Establishment	Date of In mm/dd/yr		
Establishment Address (number and street, city, state, ZJP code)				12002479	10-20	6-18 27	
Owner ()				Purpose: 1. Routine	Follow-up Release Date N() /0 Jan S		
Owner's Address				2. Follow-up	Summary of Violations:		
SAME				3. Complaint	,)		
Person in (· •	Je,	hrc. K	4. Pre-Operational	C NC R		
Responsibl	were the register of the first the f	E-mai	il entre ent	5. Temporary 6. HACCP	Menu Type (See back of page)		
<u> </u>	<i>1 H</i>			7. Other (<i>list</i>)	1. V.		
Certified F	ood Handle	er			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"							
Section#	C/NC	R	Narrativ	e 1 1 c a 1		To Be Corrected By	
431	MC	X	Floor IN BACK BROUND A	ofent under		100mg	
			soiled w Coffee				
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			EQUI ONICIAI	1			
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				To distribute the second secon			
	1	\vdash					
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		<u> </u>	, , ,		2477		
Received b	y (name and	l title	printed):	Inspected by (name and title	printed):		
				Dem Sm	wll -	Boto.	
Received b	y (signature	·):	1 - mild Manhan	Inspected by (signature):	 		
1 K	esel	,	Purchasing Manasen Reval	Now Holl.	F	25/1)	
cc:			cc:		ce:		



GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Fax 765-651-2419 DATE: \0\13\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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 10- 26-/ (.
DATE: Action Taken: 10/31/18 Floor in back around and under racks was deep Cleaned removing the coffee stained areas Staff has been notified to include in cleaning dustres. In addition, the grow in the front under the equipment was also deep cleaned.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Bethany Krkwood Title: General Monager

Establishment Name: McCon Offee Company

Address: 4201 S. Adams St Marian, IN 46933

Attach additional sheets as needed.