

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

| ine time iii | iii ioi coi. | cettor | of each violation is specified in the narrative portion of thi | | _// | | | | | | |
|---------------------|---------------------|---------|--|--|------------------------------|-----------------|----------|--|--|--|--|
| Establishment Name | | | | Telephone Number | Date of Inspe (mm/dd/yr) | spection ID # | | | | | |
| Texas | Roadh | ous | 2 | 765-566-7177 | 2/79 | 10 | 77 | | | | |
| | | | aber and street, city, state, ZIP code) | () Owner | 0160 | 110 | -(| | | | |
| | Wester | n A | ve. Marion, IN 46953 | D | Follow up | Release Date | | | | | |
| Owner | Poadh | 0116 | e Holdings, LLC. | Purpose: | Follow-up | Release Date | | | | | |
| | | lous | e nordings, blo. | 1. Routine | | | | | | | |
| Owner's Ad 6040 | iaress Dutchn | ian | Lane Louisville, KY 40205 | 2. Follow-up | Summary of Violations: | | | | | | |
| Person in C | harge | | | 3. Complaint | C NC R_ | | | | | | |
| crson in C | marge | | | 4. Pre-Operational | - Tre-operational | | | | | | |
| Responsible | Person's | E-mai | | 5. Temporary | Menu Type (See back of page) | | | | | | |
| | | | | 6. HACCP | | | | | | | |
| Certified Fo | ood Handle | er | | 7. Other (list) | 12_3_X_45 | | | | | | |
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| JD. M • CRITICAL | icCain LITEMS AF | RE IDE | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | | | | | | | |
| | | | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU | | D IN THE NA | RRATIVE BELO | W AS "R" | | | | |
| Section# | C/NC | R | Narrative | | | To Be Correct | | | | | |
| Section# | CINC | 11 | | DONE | | | _ | | | | |
| | | - | NEOD OK From WAT | 911 | 261. | _ (| | | | | |
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| | | | HARGED OPERATIONAL (System Need ID) | | | | | | | | |
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| | | - | 10 OPEN CPOBAC) | | | | | | | | |
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| Pagainad | y (name an | d title | printed): | Inspected by (name and title | printed): | A 1. | | | | | |
| Received by | | | | Inspected by (name and title p | printed): | As/Dea | 1 Smill | | | | |
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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 limit for coi | rectio | n of each violation is specified in the narrative portion of this | is report. | | | |
|-------------------------|----------|---|--------------------------------|------------------------------|----------|---------------|
| Establishment Name | | 11 | Telephone Number | Date of Ins (mm/dd/yr) | | ID# |
| TEXAS | Kor | ADHOUSE | 765) Stablishment | (| 1 h | 07 |
| Establishment Addre | ss (nui | mber and street, city, state, ZIP code) | () Owner | 10/3 | 1118 | 21 |
| 4200 50 | W | ESTERN AVE - MARION | | · | | |
| Owner | | . (| Purpose: | Follow-up | Relea | se Date |
| TEXAS | Ko | ADHOUSE HOLDINGS LIC | 1. Routine | NO | 11 | 10/18 |
| Owner's Address | | | 2. Follow-up | Summary of Violations: | | |
| 6040 D | DU- | tehman & LN Louisvillek | 3. Complaint | | | |
| Person in Charge | | | 4. Pre-Operational | C | NC | R |
| THOMA | 5 | KOSE | | | | |
| Responsible Person's | E-ma | il , , . | 5. Temporary | Menu Type (See back of page) | | |
| | | N/A | 6. HACCP | | | |
| Certified Food Hand | | | 7. Other (list) | 12 | 3_ | 45 |
| THOMA | 5 | 2055 EXP 2/3/2023 | OK TO OPEN | | / | |
| | | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | | | |
| | | | | ID IN THE N | ADDATISA | E RELOWAS "P" |
| | _ | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI | JIMMARY OF VIOLATIONS AN | ID IN THE IS | | |
| Section# C/NC | R | Narrative | | | 10 Be C | Corrected By |
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| | | Infection control - | | | | |
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| Received by (name ar | nd title | printed): | Inspected by (name and title p | orinted): | 1 | |
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| N Lona | | 1700 | Inspected by (signature): | 1 1 | JUM | 1000000 |
| Received by (signatur | e). | J D | 11 proced by (Signature). | 50/ | | |
| Ethons | <u> </u> | J. Kore | 11 Jackw-P | 1701 | | |
| cc: | | cc: | V | cc: | | |
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