

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 Sauitation Requirements.

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

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Establishment Name	Telephone Number (168) Establishment	Date of Inspection ID #						
1'1 DOUDE AS INDICATE		1 10 10 127						
Establishment Address (number and street, city, state, ZIP code)	(664) Owner 4 9	11-13-18 27						
Owner /	Purpose:	Follow-up Release Date						
George Keichbach	1. Routine	10 day 5						
Owner's Aldress	2. Follow-up	Summary of Violations:						
613) Meredian of Portland	3. Complaint	1 2 2						
Person in Charge	4. Pre-Operational	$c \perp Nc 2 R = 1$						
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)						
Responsible Person's E-man	6. НАССР							
Certified Food Handler	7. Other (list)	$\begin{vmatrix} 1 & 2 & \sqrt{3} & 4 & 5 \end{vmatrix}$						
1 11.1. 200 1/2 7477								
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S		ND IN THE NARRATIVE BELOW AS "R"						
		To Be Corrected By						
	due alla un	1 1 1						
129 C X A grill Cook putting on	groves w/o w	thing today						
hands Also Another emp	royel doing Si	me"						
	,							
295 MC, The toplowing Non food	Con trets Soi	led						
	1 driveup.							
2) fountain machine and Around At drive up								
25)								
4) metal true At FF AREA.								
5 Floor in brack under ten machine - by ice Machine.								
418 NC Shift mrg on cell phone at front line USE To hay								
of phone should be in designated Arca								
. ,								
& Complaint UN Forna - iten	ip All food An.							
	1	1						
it temped proper of fer Mrg McD malds MAS								
Started Using RAW homourger And it simples es								
doesn't clean grill each time it can affect								
the Cooking.								
Received by (name and title printed): Inspected by (name and title printed):								
Cyndi Sandifer Dahn Fring PSIO								
Received by (signature): Inspected by (signature):								
Cyndi Sandifer What Freil Hoff								
cc: cc:	energy a secure of the state of the state of the secure of	cc:						

Operator Inspection Response State Form 80047 (2-01)



GRANT COUNTY REALTH DEPARTMENT

Phone Fax	765-651-2401 765-651-2419			DATE	11-13-18	,)
401 \$	it County Hea S. Adams St. on, IN. 46953	alth Department	. ,			
The fol Carr / E	llowin g is a respon Dean Small_ from th	se to the inspection re ne Grant Co. Health De	eport executed by the partment on	Grant Co. Health Depa	artment Food Safety	Officer <u>Dale</u>
DATE:	and Justin	Action Taken: Hand washing home and		escre in place which there intended proposed and my		ur Jhour Jollower
414 0m	Dhone of helping	In to mul	a Suries	went ab	out been of	on her
				TH DEPARTMENT BY MA Title:	IL OR FAX WITHIN 10	DAYS).

Attach additional sheets as needed.