

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.

The time m	nii ior corr	ection of each violation	n is specified in the harrative	portion of this	report.			
Establishment Name					Telephone Number	Date of Inspection (mm/dd/yr)	n ID#	
Chappy's Drive Thru					(165) Establishment			
Establishment Addyess (number and street, city, state, ZIP code)					6140 WAIN OU	11-13-18	8 127 1	
157	$\mathcal{W} \cdot I$	MAN ST	GAS City		611			
Oyner	40	1 01			Purpose:		Release Date	
Bo & Kobin Chapman					1. Routine	NO	10 days	
Owner's Address					2. Follow-up	Summary of Violations:		
308 E. M. C'St. Gus City					3. Complaint	1		
Person in Charge					4. Pre-Operational	C <u>l</u> N	C R	
150 (Brett)					5. Temporary	M Tuno (Ca	- Lock of maga)	
Responsible Person's E-mail					6. НАССР	Menu Type (See back of page)		
C-4C-1E	NIT				7. Other (list)	$1, \chi$	3 4 5	
Certified Food Handler Getting one						1	343	
<u> </u>								
			CHECKLIST AND NARRATIVI					
• VIOLATIC)N(S) REPE	ATED FROM PREVIOU	IS INSPECTIONS ARE DENOTE	ED IN THE "SUN	MMARY OF VIOLATIONS" AN	D IN THE NARRA	TIVE BELOW AS "R"	
Section#	C/NC	R	N	Varrative		То І	Be Corrected By	
129	C.	e mulou 4	ee putting on a	floves 1	W/o washing	72	Shai	
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246	MC	Used 9	oves laying o	IN COU	nter. 76 be		DANG	
throwed Away After each USE							J	
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Operator Inspection Response State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 11-15-18

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 1/3/8.

ATE: Action Taken:	
129 = = Talked To All Employees about Hand washing before	<u> </u>
1290 = Talked To All Employees about Hand washing before 42 News Cloves on and Pispose of Cloves after Use.	
at State fair Grownds. Will the Be Taking Class Then update will Follow After Class Taken.	
Ofaire Will Editon Afria Chiss Inter,	
(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).	
ame of Respondent: Do Chapman Title: Oully stablishment Name: Chappys Drive Three Conv. Store	
ddress: 157 w Main 5t Gas City AN 46933	

Attach additional sheets as needed.