



**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.

Establishment Name <i>31 Chb</i>	Telephone Number <i>708</i> Establishment <i>(602-3182)</i> Owner	Date of Inspection (mm/dd/yr) <i>6-26-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3113 S. Washington St</i>		Follow-up	Release Date
Owner <i>Bart Cleverger</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 2 NC 1 R</i>	
Owner's Address <i>Bond Ave Marion</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Aaron Ash</i>	3. Complaint	1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>	
Responsible Person's E-mail <i>N/A</i>	4. Pre-Operational		
Certified Food Handler <i>Bart Cleverger exp 3-2020</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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	Narrative	To Be Corrected By
<i>187</i>	<i>C</i>		<i>1 carton raw shell eggs stored over sauces in cooler. Eggs to be on bottom shelf</i>	<i>today</i>
<i>295</i>	<i>C</i>		<i>Small pizza oven up front - not in use and soiled. To be cleaned every 4 hrs.</i>	}
<i>309</i>	<i>NC</i>		<i>Inside hood system - dust &amp; grease.</i>	

Received by (name and title printed): <i>Bart Cleverger</i>	Inspected by (name and title printed): <i>Donnell FSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6-27-19

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 6-26-19.

DATE:	Action Taken:
<u>6-26-19</u>	<u>Put Eggs on bottom shelf</u>
<u>6-26-19</u>	<u>Cleaned Pizza oven</u>
<u>6-27-19</u>	<u>Cleaned hood system</u>

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

Name of Respondent: Bart Cluenger Title: Pres

Establishment Name: 31 Club

Address: 3113 50 Washington ST Marion IN

• Attach additional sheets as needed.