



**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 <u>Aldi #18</u>	Telephone Number (<u>765</u>) Establishment () Owner	Date of Inspection (mm/dd/yr) <u>3-15-21</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>2007 S Western Ave Marion IN 4664</u>	Owner <u>664-5224</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner <u>Aldi Indiana LP</u>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <u>C 1 NC R</u>	
Owner's Address <u>Greenwood IN</u>	<input type="radio"/> 2. Follow-up	Menu Type (See back of page)	
Person in Charge <u>Casey</u>	<input type="radio"/> 3. Complaint	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <u>N/A</u>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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
<u>19)</u>	<u>C</u>		<u>5 packages of Parkview Turkey Franks were out of sale by date 1-20-21</u>	<u>Today</u>

Received by (name and title printed): <u>CASEY HURSEY</u>	Inspected by (name and title printed): <u>Scott Kendall F510</u>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: