



**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**

*W. J. ...*

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>Aldi Inc #18</i>	Telephone Number (765) Establishment <i>(606) 460-5224</i>	Date of Inspection (mm/dd/yr) <i>1-28-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2007 S Westwood Ave MARION</i>	Owner <i>Aldi Indiana</i>	Purpose: 1. Routine <u>    </u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i> Release Date <i>10 days</i>
Owner's Address <i>486 E Stop 10 RD GREENWOOD IN</i>	Person in Charge <i>Brett Frazier</i>	Summary of Violations:  C <u>    </u> NC <u>1</u> R <u>    </u>	
Responsible Person's E-mail _____	Certified Food Handler <i>N/A</i>	Menu Type (See back of page) <i>1</i> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	

- 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/N/C	R	Narrative	To Be Corrected By
<i>431</i>	<i>NC</i>		<i>Flooring through out store to include under metal knells soiled w/ debris &amp; other debris</i>	<i>Today</i>

Received by (name and title printed): <i>Brett Frazier</i>	Inspected by (name and title printed): <i>John ... PSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] PSD</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 1/28/2019

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 1-28-19.

DATE:

Action Taken:

Sweep and Mop under tables

*[Signature]*  
1/28/19

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

Name of Respondent: Brett Frazier Title: Mgr.

Establishment Name: Aldi Foods #18

Address: 2007 South Western Ave Marion

• Attach additional sheets as needed.

