



**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>Aldi Inc #18</i>	Telephone Number <i>Not Establishment</i>	Date of Inspection (mm/dd/yr) <i>7-10-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2007 S Western Ave Marion IN</i>	Owner <i>Walt 5224</i>	Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner <i>Aldi Inc</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C 2 NC 2 R</i>	
Owner's Address <i>Greenwood IN</i>	2. Follow-up		
Person in Charge	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler	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>141</i>	<i>C</i>		<i>4 Chipotle chicken salad in cooler USE by date 6-24 & 7-4-2019</i>	<i>Remove</i>
<i>430</i>	<i>NC</i>		<i>Plumbing tile is missing - unable to sweep or mop properly - Needs replaced or fixed</i>	<i>10 days</i>
<i>295</i>	<i>NC</i>		<i>Walk in cooler - trash & food on floor</i>	<i>Today</i>
<i>415</i>	<i>C</i>		<i>Fruit flies/Wasps in back storage room</i>	<i>10 days</i>

Received by (name and title printed): <i>Angela Barnes</i>	Inspected by (name and title printed): <i>Dean Small RST</i>
Received by (signature): <i>Angela Barnes</i>	Inspected by (signature): <i>Dean Small RST</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-17-19

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 7-10-19.

DATE: Action Taken:

Removed cart of produce in backroom "gnats"
Removed all food from floor in walk-in cooler
Tiles on floor have been fixed

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

Name of Respondent: Angela Barnes Title: Assistant Store Manager
Establishment Name: Aldi 2007 S. Western Ave.
Address: Marion In. 46952

• Attach additional sheets as needed.

