



**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 <b>ARBOR TRACE GOLF CLUB</b>	Telephone Number <b>765 261 2536</b>	Date of Inspection (mm/dd/yr) <b>6-24-19</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2500 E 550N MARION</b>	( ) Owner		
Owner <b>JACK HART</b>	Purpose: <u>1. Routine</u>	Follow-up <b>YES</b>	Release Date <b>7-3-19</b>
Owner's Address <b>2502 E 550N MARION</b>	2. Follow-up	Summary of Violations: <b>C 2 NC - R</b>	
Person in Charge <b>JACK HART</b>	3. Complaint	Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational		
Certified Food Handler <b>JACK HART exp 12/15/19 *</b>	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
171	C		Employee HANDLED READY TO EAT BUNS FOR HOT DOGS WITH BARE HANDS	TODAY
129	C		EMPLOYEE put on GLOVES WITHOUT FIRST WASHING HER HANDS	TODAY
			* Reminder CFH expires in DEC 2019	

Received by (name and title printed): <b>Jack Hart - President</b>	Inspected by (name and title printed): <b>R. J. CANN - FSID</b>
Received by (signature): <i>Jack Hart</i>	Inspected by (signature): <i>R. J. Cann</i>
cc:	cc:

## GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 6/24/19

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 6-24-19.

DATE: Action Taken:

6/24/19 Talked with employee's to make sure they use proper procedure in hand washing and use of gloves when handling of food for preparation to serve.

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

Name of Respondent: Jack Hart Title: President

Establishment Name: Arbor Trace Golf Club

Address: 2500 E 550 N Marion, IN 46952

- Attach additional sheets as needed.