



**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 Burger King # 826 | Telephone Number 765 Establishment (6604-1556) | Date of Inspection (mm/dd/yr) 3-16-21 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 1510 Kem Rd Marion | Purpose: 1. Routine | Follow-up NO | Release Date 10 days |
| Owner CAROLS LLC | 2. Follow-up | Summary of Violations: C 1 NC 5 R 2 | |
| Owner's Address 968 Lamer St NY | 3. Complaint | Menu Type (See back of page) 1 2 X 3 4 5 | |
| Person in Charge Caleb | 4. Pre-Operational | | |
| Responsible Person's E-mail | 5. Temporary | | |
| Certified Food Handler Caleb Breeske exp 8-2025 | 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 |
|-----------|------|----|--|--------------------|
| 192 | C | X | Ham temped @ 48°F sitting on counter w/ little ice under it at 8:45 AM | Immediately |
| 431 | NC | X | Flooding through out kitchen to include under equipment soiled w/ dirt & food | Today |
| 298 | NC | | Interior of microwave is heavily soiled with dried food debris | |
| 430 | NC | | The floor covering beside 3-bay sink also next to hand sink is missing and exposing wood | 30 days |
| 295 | NC | | The following "Non food" contact items is soiled with dried food debris | Today |
| | | | 1) side of fryers to include the top shelf at fryer | |
| | | | 2) At Bisquit warmer | Today |
| 410 & 308 | NC | 3) | Ceiling to include HVAC is dusty to include wall behind 3-bay sink | |

Received by (name and title printed):

CALEB BRESKE

Received by (signature):

Inspected by (name and title printed):

Dean Small FSTO

Inspected by (signature):

cc:

cc:

cc:

Operator Response to Inspection
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: March 21st 2021

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on 3-16-21.

| DATE: | Action Taken: |
|-------------|---|
| <u>3/16</u> | <u>- FRYER CLEANED, MICROWAVE, BROKEN DOWN AND CLEANED, HVAC</u> |
| <u>3/16</u> | <u>- HAM REMOVED, NEW ICE PLACED, RETRAIN BREAKFAST STAFF ON PROCEDURES</u> |
| <u>3/19</u> | <u>- CONTRACTOR LOOK @ BASEBOARD -> PLANNED REPAIR</u> |
| <u>3/20</u> | <u>- 3 BAY SINK CLEANED</u> |
| <u>3/21</u> | <u>- MISC DETAILED CLEANING LIST</u> |

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

Name of Respondent: Caleb BRESKE Title: GM

Establishment Name: BURGER KING

Address: 1510 KEM ROAD MARION IN.