



**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>Burger King # 863</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>5-28-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>5038 S. Kayser Dr Gas City</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>10 days</i>	Release Date <i>10 days</i>
Owner <i>Carrels LLC</i>	Owner's Address <i>768 James St Syracuse NY</i>	Summary of Violations: <i>C 1 NC 3 R 2</i>	
Person in Charge <i>Dessary Eccles</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Certified Food Handler <i>Dessary Eccles exp 11-2021</i>			

- 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>295</i>	<i>C</i>		<i>A plastic container stored on metal rack by 3 bay sink as clean - IS soiled w/ dried food</i>	<i>removed</i>
<i>295</i>	<i>NC</i>	<i>X</i>	<i>The following are now food contact items is soiled</i> <i>1) plastic base</i> <i>2) bottom of broiler</i> <i>3) Inside the doors of electrical AREA.</i> <i>4) Back of fryers</i> <i>5) All equipment in kitchen is soiled. to include outside of microwave.</i>	<i>To dry</i>
<i>431</i>	<i>NC</i>	<i>X</i>	<i>Flooring through out kitch to include under equipment, soiled w/ dried food & trash.</i>	
<i>270</i>	<i>NC</i>		<i>Manual sink set up - sanitizer is cloudy</i>	

Received by (name and title printed): <i>Dessary Eccles AGM</i>	Inspected by (name and title printed): <i>Dean Small PSP / Scott Kikewick</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: