



**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>Chappins Drive Thru</i> | Telephone Number <i>(774) 940</i> | Date of Inspection (mm/dd/yr) <i>7-13-21</i> | ID # <i>27</i> |
| Establishment Address (number and street, city, state, ZIP code) <i>157 W Main St Gas City</i> | Telephone Number <i>(774) 940</i> | Follow-up | Release Date <i>10 days</i> |
| Owner <i>Bo Chapman</i> | Purpose: <u>1. Routine</u> | Summary of Violations: <i>C / NC / R /</i> | |
| Owner's Address <i>308 E N E</i> | 2. Follow-up | Menu Type (See back of page) <i>1 2 / 3 4 5</i> | |
| Person in Charge <i>Loe</i> | 3. Complaint | | |
| Responsible Person's E-mail | 4. Pre-Operational | | |
| Certified Food Handler <i>Bo Chapman</i> | 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>295</i> | <i>NC</i> | <i>R</i> | <i>Nozzles on Cappuccino machine soiled Also slush machine under nozzles has a dark residue.</i> | <i>Today</i> |
| <i>191</i> | <i>C</i> | | <i>3-16oz PRAIRIE FARM Cottage Cheese sell by 7-11-21 and 1-8oz Sour Cream sell by 7-4-21</i> | <i>Remove</i> |
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| Received by (name and title printed): <i>Christina</i> | Inspected by (name and title printed): <i>Dena Small PSto</i> |
| Received by (signature): <i>Lori A Roberson</i> | Inspected by (signature): <i>Dena Small PSto</i> |
| cc: | cc: |

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111

Fax 765-651-2419

DATE: 7-13-21

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 7-13-21.

| DATE: | Action Taken: |
|----------------|-----------------------------------|
| <u>7-13-21</u> | <u>Cappuccino Nozzles Cleaned</u> |
| <u>7-13-21</u> | <u>Stovetop Nozzles Cleaned</u> |
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(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Bo Chapman Title: Owner
Establishment Name: Chapman's Diner & Deli
Address: 187 W Main St Gas City IN 46933