



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.

Form with fields for Establishment Name, Telephone Number, Date of Inspection, ID #, Establishment Address, Owner, Purpose, Follow-up, Release Date, Owner's Address, Person in Charge, Responsible Person's E-mail, and Certified Food Handler.

- 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"

Table with columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Contains two rows of inspection findings.

Form for signatures and received/inspected by information, including fields for name and title printed, and signature.

## GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 4-21-21

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 and/or Scott Kikendall at the Grant Co. Health Department on 4-20-21.

DATE: 4-20-21 Action Taken: ice machine needs attention. Request submitted 4-20-21 to Maintenance. request #130978

4-20-21 Plastic honey dripping on rack. Rack has been cleaned. And trained staff on how and where to store the honey.

Name of Respondent: Jennifer Grubb Title: Food Service Director

Establishment Name: Cura Hospitality at Marion General Hospital

Address: 441 N. Wabash, Marion IN 46952