

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.						
Eştablishm	ent Name			Telephone Number	Date of Inspection ID # (mm/dd/yr)	
CORA HOSPITALITY/MARISN (reveral				765 Stablishment	(mm/uwyr)	
Establishm	ent Addres	s (number and street, city, state,		(/ /) Owner	1420-21121	
4	<u> 11 A</u>	/ Wabash	Hue Marion		1 20 01	
Owner	61.	0110	•	Purpose:	Follow-up Release Date	
Owner's A	110	W LLC		1. Routine	NO 100ays	
Owiger's Ai) T	land ande	Phone Sto In	2. Follow-up	Summary of Violations:	
Person in C	/,) U Charge	3000 1400 03 1	FULL STE TO	3. Complaint	C NC R	
JONAL FOR GRUBB				4. Pre-Operational		
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)	
	Carried Lines	trathilitic cornect richidans.		6. HACCP	V	
Certified F	ood Handle	1 / 1		7. Other (list)	1234/_5	
Jenniter GrußB Exp 3-2022						
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATIO	ON(S) REPE	ATED FROM PREVIOUS INSPE	CTIONS ARE DENOTED IN THE "SU	JMMARY OF VIOLATIONS" A	ND IN THE NARRATIVE BELOW AS "R"	
Section#	C/NC	R	Narrative		To Be Corrected By	
295	0	Too Mach	WE ON INST	do has a	Taday.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Jank R	0510010		worked or dar superfled	
		Darge 12	SIM		Whole or on Johnson	
205	100	Dicclis	Property of the	diagram and	1 (20 20 0)	
W40_	NC	1954100	ugan bin Sit	ting on mel	al Corrected	
		reacte na	5 Honey dr	ipping ON +	+	
				* - * *		
			A CW			
			and the second s			
			and the delivery of the second			
			11/41-20			
				- W-11 data \$10.0 - 10.00		
Received by	v (name av	title printed		Inspected by (name and title	printed:	
Γ						
Received by		Frubb food.	DELLIG 1) LESTOL.	Inspected by (signature):	717407494	
Received by		$\mathcal{A}(\mathcal{A})$		1 1 A-1/hal 11	ELVIN VIIII AP	
in the same	nofile	NWY	Tee:	Die 1/101/611/2018	YOU PURILLY ISTO	
cc:	1				\(\tau^{\tau}\)	

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-240	
Fax 765-651-241	DATE:
Grant County H	lealth Department
401 S. Adams S	
Marion, IN. 469	953
PLEASE SEND YOU DAYS.	R RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10
The following is a re Dean Small and/or S	esponse to the inspection report prepared by the Health Department Food Safety Officer Scott Kikendall at the Grant Co. Health Department on
DATE:	Action Taken:
4-20-21	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 Responden	t: Jennifer Grubb Title: Food Service Director
Establishment Name	e:Cura Hospitality at Marion General Hospital
Address:441 N	Wabash , Marion IN 46952

Attach additional sheets as needed.