



**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 Corner Depot Fuels / Swayzee	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr) 8/21/21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 5058 S 800N Swayzee	Owner 819-6591	Follow-up NO	
Owner Brian Doyle	Purpose: 1. Routine	Release Date 10 days	Summary of Violations: C - NC <u>2</u> R
Owner's Address 1412 Hantzinger Blvd Pendleton	2. Follow-up	Menu Type (See back of page) 1 <u>X</u> 2 3 4 5	
Person in Charge Joey	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler Richard Beachy Exp 1-2023	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
298	NC		The Following Non Food Contact Items are soiled with debris / Dark residue 1) BACK splash on Fountain top machines/to include DRIP TRAY 2) Doors on cooler (DRINKS)	Today
297	NC	X	THE Nozzles on cappuccino machine are heavily soiled with food debris: They need cleaned once every 24 HOURS also pop nozzles on fountain machine	30 days
399	NC		Ceiling tiles ABOVE Fountain machine are soiled with Dark residue: need Replaced / 30 days	

Received by (name and title printed): Joey Reffetti	Inspected by (name and title printed): Scott K. Kendall
Received by (signature): <i>Joey Reffetti</i>	Inspected by (signature): <i>Scott Kendall F510</i>
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: 8/31/21

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 8-31-21.

DATE:	Action Taken:
<u>8/31</u>	<u>Cleaned nozzles on carp machine</u>
<u>8/31</u>	<u>Cleaned Backwash & Soda nozzles</u>
<u>8/31</u>	<u>wiped down cooler doors</u>

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

Name of Respondent: Richard Beachy Title: Manager

Establishment Name: Corner Dept

Address: 5058 S. 800 N Swayze In

Attach additional sheets as needed.