



**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>Culvers of Marion</i>	Telephone Number (705) Establishment <i>(572) 4953</i>	Date of Inspection (mm/dd/yr) <i>5-9-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>2307 S. Western Ave</i>	Owner <i>Rayne Swan</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 1478</i>	Purpose: <u>1. Routine</u>	Summary of Violations: <i>C NC 3 R</i>	
Person in Charge <i>Mary Hamilton</i>	2. Follow-up	Menu Type (See back of page) <i>1 2 3/4 5</i>	
Responsible Person's E-mail <i>N/A</i>	3. Complaint		
Certified Food Handler <i>Rayne Swan exp</i>	4. Pre-Operational		
	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>138</i>	<i>NC</i>		<i>1 employee cooking at grill doesn't have beard guard</i>	<i>Corrected</i>
<i>295</i>	<i>NC</i>		<i>The following "Now food" contact items is soiled w/ grease / dried debris</i> <i>1) The metal behind fryers</i> <i>2) Racks in walk in freezer</i>	<i>Today</i>
<i>402</i>	<i>NC</i>		<i>In dining room flooring is soiled w/ old food &amp; other debris</i>	

Received by (name and title printed): <i>Margarita Thompson</i>	Inspected by (name and title printed): <i>Dean Smith / FCS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FCS</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419  
e-mail [foods@grantcounty.gov](mailto:foods@grantcounty.gov)

DATE: 5-9-19

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 Dale Carr / Dean Small from the Grant Co. Health Department on 5-9-19.

DATE:	Action Taken:
<u>5/9/19</u>	<u>Freezer racks washed</u>
<u>5/9/19</u>	<u>pulled equipment</u>
<u>5/9/19</u>	<u>vacuumed</u>

Name of Respondent: Margarita Thompson Title: General Manager

Establishment Name: Culvers

Address: 2307 S. Western Ave. Marion, IN 46928

Attach additional sheets as needed.

