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: CURA Hospitality / MARION GENERAL	**Telephone Number:** (765) 660-7732 Establishment; ( ) Owner	**Date of Inspection (mm/dd/yr):** 4-5-19	**ID #:** 27
Establishment Address (*number and street, city, state, ZIP code*): 441 N WABASH AVE - MARION			
Owner: ELIOR INC	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ________	**Follow-up:** No	**Release Date:** 4-15-19
Owner's Address: 775 WOODLANDS PKWY STE 100		**Summary of Violations:** C 1 NC – R –	
Person in Charge: "ANDY" THOMAS SHERON		**Menu Type** (*See back of page*): 1__ 2__ 3__ 4 X 5__	
Responsible Person's E-mail: N/A			
Certified Food Handler: THOMAS SHERON 12/12/16			

• 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
295	C		THE following food contact SURFACES ARE	TODAY
			soiled with food debris ect.	
			1) MECHANICAL CAN OPENER / BLADE	
			2) 3-plastic tubs w/ single service Articles	
			(To go containers)	
			3) STRAINER STORED AS CLEAN - Soiled	
			4) BLENDER STORED CLEAN - Soiled	
			5) VEGETABLE SLICER STORED AS CLEAN - Soiled	

Received by (*name and title printed*): x THOMAS SHERON	Inspected by (*name and title printed*): R Dale Carr - FSIO / Dean Small - FSIO
Received by (*signature*): x [signature]	Inspected by (*signature*): [signature] - FSIO / [signature]
cc:	cc:

cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-15-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the Inspection report executed by the Grant Co. Health Department Food Safety Officer: Dale Carr / Dean Small from the Grant Co. Health Department on 4-5-19.

DATE: Action Taken:

- Replaced blade on can opener
- Placed lids on tubs that are stored ~~up~~ under counter.
- In-serviced staff on the following;
  Equipment; cleaning & sanitizing - please see attached

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

Name of Respondent: ______________________ Title: ______________

Establishment Name: ______________________

Address: ______________________

- Attach additional sheets as needed.