



**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>Fluinn's</i>	Telephone Number <i>(768)</i> Establishment () Owner	Date of Inspection <i>(mm/dd/yr)</i> <i>7-28-21</i>	ID # <i>27</i>
Establishment Address <i>6255 St. Rd 18E Marion</i>	Owner <i>Pilot Travel Centers LLC</i>	Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner's Address <i>Knoxville TN</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Person in Charge <i>Sarah</i>	Responsible Person's E-mail	Menu Type (See back of page) 1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Certified Food Handler <i>Sarah Brown exp 2022</i>	<ul style="list-style-type: none"> • 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>Delic / Store</i>	
<i>298</i>	<i>NC</i>		<i>Microwave by ice coffee machine is soiled w/ food debris</i>	<i>To Day</i>
			<i>- Cinnamon bon -</i>	
			<i>No violations</i>	

Received by (name and title printed): <i>Sarah Brown Manager</i>	Inspected by (name and title printed): <i>Dean Small</i>
Received by (signature): <i>Sarah Brown</i>	Inspected by (signature): <i>Dean Small PST</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7-28-2021

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 7-28-21.

DATE: 7-28 Action Taken: Microwave cleaned out added to regular check list.

Name of Respondent: Sarah Brown Title: Manager

Establishment Name: Flying J

Address: Co 255 St Rd 18' Marion, IN 46952

Attach additional sheets as needed.

