



**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>Plying J Travel Plaza/Deli</i>	Telephone Number <i>(588) 7480</i>	Date of Inspection (mm/dd/yr) <i>3-29-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6255 St Rd 1B G</i>			
Owner <i>Pilot Travel Centers LLC</i>	Purpose: 1. <u>Routine</u>	Follow-up <i>ND</i>	Release Date <i>10 days</i>
Owner's Address <i>TN</i>	2. Follow-up	Summary of Violations: <i>C 1 NC 2 R</i>	
Person in Charge <i>SARAH BROWN</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail <i></i>	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified Food Handler <i>SARAH BROWN exp 2022</i>	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>295</i>	<i>C</i>		<i>Metal Pan storing clean spatulas in prep AREA - bottom of pan is soiled</i>	<i>Corrected</i>
<i>298</i>	<i>NC</i>		<i>Microwave at beverage AREA is soiled inside</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Ketchup-mustard condiment tray at beverage AREA is soiled</i>	<i>Today</i>

Received by (name and title printed): <i>Sarah Brown</i>	Inspected by (name and title printed): <i>DBAW Sarah Small PSE</i>
Received by (signature): <i>Sarah Brown</i>	Inspected by (signature): <i>Sarah Small PSE</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 3-29-19

Grant County Health Department
101 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
Garr / Dean Small from the Grant Co. Health Department on 3-29-19.

DATE:	Action Taken:
3-29-19	- Microwave has been cleaned inside & out.
3-29-19	- Condiment tray was empty & ran through the three compartment sink.
3-29-19	- Storage containers was changed out & instructed to be done so regularly.

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

Name of Respondent: Sarah Brown Title: Deli Manager
Establishment Name: Flying J Travel Plaza / Deli
Address: 6255 St. Rd 18E

o Attach additional sheets as needed.

