



**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 FOLKIES TAVERN		Telephone Number 765 668 0240	Date of Inspection (mm/dd/yr) 6-28-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 117 S BRANSON St. MARION		() Owner		
Owner STEVE SCHRADER		Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up NO	Release Date 7-8-19
Owner's Address 1360 E Old Kokomo RD MARION			Summary of Violations: C 2 NC 2 R 1	
Person in Charge BONNIE ROBINSON			Menu Type (See back of page) 1 2 3 X 4 5	
Responsible Person's E-mail N/A				
Certified Food Handler SHANE LAUBAER 7-16-2020				

- 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
245	NC	X	SOILED WIPING CLOTHS AT THE BAR & KITCHEN (4-3) NOT IN SANITIZER	TODAY
199	NC		1-BAG RAW CHICKEN SETTING IN HANDSINK DRAWING AT ROOM TEMPERATURE	TODAY
345	C		1-BAG RAW CHICKEN SETTING IN HANDSINK HANDSINK SHOULD BE CLEAN AT ALL TIMES	TODAY
294	C		NO SANITIZER MADE FOR SANITIZATION WHEN USING WIPING CLOTHS.	TODAY

Received by (name and title printed): x Bonnie Robinson	Inspected by (name and title printed): R Dale Gier - F510
Received by (signature): x Bonnie Robinson	Inspected by (signature): R Dale Gier F510
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 7/6/19

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 6-28-19.

DATE: _____ Action Taken: _____

7/6/19 ALL FOUR ITEMS WERE
ADDRESSED IMMEDIATELY.
THANKS FOR A HELPFUL VISIT.

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

Name of Respondent: Steve Schwader Title: _____

Establishment Name: FOLKIES

**SCHRADER
117 S Branson St
Marion IN 46952**

Address: _____

- Attach additional sheets as needed.