



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.

Form with fields: Establishment Name (GM MARION Metal CENTER), Telephone Number (260 543 5795), Date of Inspection (8/14/19), ID # (27), Establishment Address (2400 W 2ND St, MARION), Owner (GM / COMPANY Kitchen MKYS), Purpose (1. Routine), Follow-up (NO), Release Date (8/24/19), Owner's Address (2120 S MERIDIAN ST - JUDY), Person in Charge (Rachelle Dennis), Responsible Person's E-mail (N/A), Certified Food Handler (N/A), Summary of Violations (C NC 2 R 0), Menu Type (1 2 X 3 4 5).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains entries for 'ECC MAINTAINENCE' (N-5) and 'NW PRESS' (R35) with violations noted as 'THE DISPENSING UNIT... IS SOILED WITH A BROWN RESIDUE' and corrected 'TODAY'.

Received by (name and title printed): Rachelle Dennis
Inspected by (name and title printed): [Signature] - FSD
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: []