



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>Gross City Market 1778</i>	Telephone Number (703) Establishment <i>(679) 7011</i>	Date of Inspection (mm/dd/yr) <i>9-20-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>P.O. Box 156</i>	Owner <i>Members</i>	Purpose: 1. Routine <i>(circled)</i> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>1/2</i> Release Date <i>10 days</i>
Owner's Address <i>SAME</i>	Person in Charge <i>Vickie Haisley</i>	Summary of Violations: <i>C — NC 1 R —</i>	Menu Type (See back of page) <i>1 2 3 X 4 5</i>
Responsible Person's E-mail	Certified Food Handler <i>N/A Prohibit</i>		

- 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>MC</i>		<i>Inside refrigerator to include the door need wiped out - sanitized on inside</i>	<i>To Day</i>

Received by (name and title printed): <i>Vickie Haisley</i>	Inspected by (name and title printed): <i>Dean Hall, PSE</i>
Received by (signature): <i>Vickie Haisley</i>	Inspected by (signature): <i>Dean Hall PSE</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 9-25-19

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 9-20-19.

DATE: Action Taken:

9-24-19 The entire refrigerator was emptied out + scrubbed down

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

Name of Respondent: Vicki Hawley Title: administrative asst.

Establishment Name: Has City Moose Lodge #1778

Address: 817 E. Main St. Has City, IN

• Attach additional sheets as needed.