



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 header containing fields for Establishment Name, Telephone Number, Date of Inspection, ID #, Establishment Address, Owner, Purpose, Follow-up, Release Date, Owner's Address, Person in Charge, Responsible Person's E-mail, Certified Food Handler, and Summary of Violations.

• 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/C, R, Narrative, To Be Corrected By. Contains handwritten entries for violations such as 'Comet in spray bottle sitting on prep table', 'Tongs hanging on each side of the frozen', and 'Inside Cooler veggie soap etc No date marking'.

Signature fields for Received by (name and title printed), Received by (signature), Inspected by (name and title printed), and Inspected by (signature).

cc: fields for distribution list.

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 11/10/21

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 / Scott Kikendall from the Grant Co. Health Department on \_\_\_\_\_.

DATE:	Action Taken:
<u>10-23-21</u>	<u>439 Removed Retained Employees</u>
	<u>295 Removed Retained Employees</u>
	<u>191 Retained And Dated</u>

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

Name of Respondent: Wana McCoy Title: Cook

Establishment Name: Good Time Charlies

Address: 3448 S Adams