



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 (Grant County Inn # 5), Telephone Number (768 Establishment, 679 Oyster 2400), Date of Inspection (7-24-19), ID # (27), Owner (Members), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (Same), Person in Charge (Richard Gonzales), Responsible Person's E-mail (N/A), Certified Food Handler (Gabriella Robinson exp 2024), Summary of Violations (C NC R), Menu Type (1 2 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. Row 1: 243, NC, Single service items (to go boxes) sitting directly on floor in very back of kitchen 6' off floor, To Be Corrected By: To Dry

Received by (name and title printed): Richard Gonzales Sr. Inspected by (name and title printed): Dan... FSDO
Received by (signature): [Signature] Inspected by (signature): [Signature] FSDO
cc: [ ] cc: [ ] cc: [ ]

Operator Inspection Response  
State Form 80347 (2-01)

### GRANT COUNTY HEALTH DEPARTMENT

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

DATE: \_\_\_\_\_

**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 7-24-19.

DATE: 7-25-19

Action Taken:

Boxes off floor

7-25-19

Safe Serve Posted

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

Name of Respondent: MARK JACKSON Title: Commander

Establishment Name: Amvets Post 5

Address: 705 W. 37<sup>th</sup> St. Marion IN 46953

• Attach additional sheets as needed.