



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 Juvenile Center), Telephone Number (765 Establishment, 602-8804), Date of Inspection (10/9/19), ID # (27), Establishment Address (501 S Adams St - Marion), Owner (Grant County Government), Purpose (1. Routine, 2. Follow-up), Follow-up (NO), Release Date (10/19/19), Owner's Address (SAME), Person in Charge (X Shiela Wofford), Responsible Person's E-mail (N/A), Certified Food Handler (SHIELA WOFFORD), Summary of Violations (C L NC R), Menu Type (1 2 3 X 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: 295, C, [blank], MYER (HOBART) & CAN OPENER AND BLADE STORED AS CLEAN SOILED WITH FOOD DEBRIS AND OTHER DEBRIS, TODAY

Received by (name and title printed): X Shiela Wofford
Inspected by (name and title printed): [Signature] - FSID
Received by (signature): X Shiela Wofford
Inspected by (signature): [Signature] - FSID
cc: [blank]

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 10.9.19

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 10/9/19.

DATE: 10.9.19 Action Taken:

Section # 295 C - Mixer and Can Opener Cleaned and Corrected on 10.9.19

Documentation Forward to LT. Chambers and Captain Todd Fleece, on 10.9.19

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

Name of Respondent: Sheba Wolford Title: Kitchen Manager

Establishment Name: Grant County Juvenile Detention Center

Address: 501 South Adams Marion, IN. 46952

- Attach additional sheets as needed.