



**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>Grant County Rescue Mission</i>	Telephone Number <i>765</i> Establishment <i>262 0588</i>	Date of Inspection (mm/dd/yr) <i>3-14-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>423 S Galatin St.</i>	Owner <i>Sum</i>	Follow-up <i>-</i>	Release Date <i>10 days</i>
Owner's Address <i>Sum</i>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Summary of Violations: <i>C 1 NC 3 R 2</i>	
Person in Charge <i>Ray Rodarte</i>	Responsible Person's E-mail <i>N/A</i>	Menu Type (See back of page) <i>1 2 3 / 4 5</i>	
Certified Food Handler <i>Ray Rodarte 3-2023</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/N/C	R	Narrative	To Be Corrected By
298	NC	X	The interior of microwave is soiled - Not in use -	Today
310	NC	X	Vents of the hood system soiled w/ lint & other debris Also all gaps need closed.	Today
295	C		Clean plastic tub has clean dishes utensils stored in it however food debris in the bottom.	Removed and cleaning
295	NC		Top of 6 burner Range has old dried food debris.	Today

Received by (name and title printed): <i>Ray A. Rodarte III</i>	Inspected by (name and title printed): <i>Dustin Small RSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>

cc: \_\_\_\_\_

# GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 3/15/2019

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 3-14-19.

DATE:	Action Taken:
<u>(3/14/19)</u>	<u>#298 Cleaned and Sanitized Microwave, added to daily cleaning</u>
<u>(3/14/19)</u>	<u>#310 Cleaned and adjusted hood vents</u>
<u>(3/14/19)</u>	<u>#295(a) Cleaned and Sanitized <del>stove</del> and added to weekly cleaning</u>
	<u>#295(b) Cleaned burners and stove top, addressed in training</u>

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

Name of Respondent: Roy A. Kedzie Title: Food Service Manager

Establishment Name: Grant County Rescue Mission

Address: 423 S Galatin St Marion, IN 46953