



**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>The Grant County Rescue Mission</i>	Telephone Number <i>765</i>	Date of Inspection <i>5-28-21</i>	ID # <i>27</i>
Establishment Address <i>423 S Gallatin St Marion</i>	() Owner <i>662-0988</i>		
Owner <i>Rick Barber 19</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	<input type="checkbox"/> 2. Follow-up	Summary of Violations: <i>C 2 NC R</i>	
Person in Charge <i>Steven</i>	<input type="checkbox"/> 3. Complaint		
Responsible Person's E-mail	<input type="checkbox"/> 4. Pre-Operational	Menu Type (See back of page) <u>1</u> <u>2</u> <input checked="" type="checkbox"/> <u>4</u> <u>5</u>	
Certified Food Handler <i>Rick Barber 19 April 2024</i>	<input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)		

- 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
295	C		Manual Can opener the blade and holder are soiled with food debris	Today
295	C		Inside Ice Machine behind metal shield on top there is a dark residue	

Received by (name and title printed): <i>Steven Townsend</i>	Inspected by (name and title printed): <i>Scott Kendrick / Dean Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 5-28-2021

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 and/or Scott Kikendall at the Grant Co. Health Department on 5-28-21.

DATE:	Action Taken:
<u>5-28-2021</u>	<u>Ice machine emptied and cleaned</u>
<u>5-28-2021</u>	<u>can opener removed and cleaned and put up not in use any longer</u>

Name of Respondent: Steven Townsend Title: Food service Assistant

Establishment Name: Grant Co. Rescue mission

Address: 423 S Gallitlanst Marion, IN 46953