



**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 <b>GRANT County Recycle Mission</b>	Telephone Number <b>765</b>	Date of Inspection (mm/dd/yr) <b>8-25-20</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>423 S Galatin St</b>	Establishment Owner <b>662-0588</b>		
Owner <b>Same</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>Same</b>		Summary of Violations: <b>C / NC / RL</b>	
Person in Charge <b>ADAM</b>		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Responsible Person's E-mail <b></b>			
Certified Food Handler <b>Ray Rodate Exp 3-2023</b>			

- 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/NC	R	Narrative	To Be Corrected By
295	C		Dishes and Pans stored on RUBBER maid Rack in kitchen area has Food debris on them: stored clean	today
431	NC	X	Flooring under and around oven and stove to include can storage area has Food debris and broken tiles ON floor Also in dining room floor tiles missing & broke. Needs fixed or replaced	today

Received by (name and title printed): <b>DAVID ADAMS KITCHEN MANAGER</b>	Inspected by (name and title printed): <b>Scott Kendall / Dean Small</b>
Received by (signature): <i>David Adams</i>	Inspected by (signature): <i>Scott Kendall / Dean Small</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111

Fax 765-651-2419

DATE: 08-26-2020

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 8-25-20.

DATE: \_\_\_\_\_ Action Taken: \_\_\_\_\_  
08-25-20 RUBBER MAID RACK WAS CLEANED AND MOVED TO A  
NEW LOCATION AND ALL PANS CLEANED AND SANITIZED. ALL  
KITCHEN FLOORS AND STORAGE AREAS WERE SWEEP AND MOPPED.  
FOOD DEBRIS WAS REMOVED, BLEACH TEST STRIPS ARE ALSO  
AT LOCATION.

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

Name of Respondent: DAVID A. ADAMS Title: FOOD SERVICE MANAGER

Establishment Name: GRANT COUNTY RESCUE MISSION

Address: 423 S. GALLATIN ST.