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 Hardees	**Telephone Number** (765) Establishment ( ) Owner 674-0000	**Date of Inspection** *(mm/dd/yr)* 7-31-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 4950 Beaver Blvd Gas City			
Owner Midwest First Store Inc	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 9736 Tibbits Ct OH	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC 2 R —	
Person in Charge Kristi Mowers	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail N/A	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler David Atkins exp 7-2022			

- 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
171	C		Using a cup w/ no handle in the sugar at shake machine.	Today
13B	NC		2 employees w/o beard guards. Must be clean shaved OR beard guard per code.	Today
295	NC		The following "Non food" Contact items is soiled w/ dried food other debris 1) at Fryer Station at the top underneath 2) Door-handles on floor coolers	

Received by (*name and title printed*): Kristi Mower	Inspected by (*name and title printed*): Dan [illegible] RSFD
Received by (*signature*): Kristi Mower	Inspected by (*signature*): [signature] RSFD

cc:	cc:	cc: