



**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 - MARION	Telephone Number (765) 677-1110	Date of Inspection (mm/dd/yr) 3-6-2020	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3808 S. WESTERN AVE		() Owner	
Owner MIDWEST FIRST STAR	Purpose: <input checked="" type="radio"/> Routine	Follow-up YES	Release Date 3-16-2020
Owner's Address 9730 TIBBETS CT OH	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C <u>2</u> NC <u>4</u> R <u> </u>	
Person in Charge SHAKILA WINGO	Menu Type (See back of page) 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Responsible Person's E-mail N/A			
Certified Food Handler MIKE COOLMAN (NEED EXP DATE / COPY)			

- 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
431	NC	X	THE FLOOR THROUGHOUT ALL PREP AREAS WALK-IN COOLERS / FREEZERS, UNDER ALL EQUIPMENT INCLUDING FRYERS IS HEAVILY SOILED W/ PREVIOUS VIOLATION 10-30-19, 6-27-19	ASAP
295	NC		THE FOLLOWING "Non-Food" CONTACT SURFACES SOILED WITH FOOD / OTHER DEBRIS 1) GREEN RACKS IN WALK-IN COOLER 2) ALL DEEP FRYERS 3) ALL REFRIGERATORS / FREEZERS TO INCLUDE HANDLES 4) ALL HOT HOLDING UNITS	TODAY ASAP
310	NC		THE HOOD SYSTEM ABOVE DEEP FRYERS AND HAMBURGER GRILL IS SOILED WITH GREASE OTHER DEBRIS	TODAY
345	C	X	FRONT HANDSINK IS BEING USED AS A DUMP SINK - HANDWASHING ONLY	TODAY
118	C		EMPLOYEE - PIC COULD NOT ANSWER CODE QUESTIONS -	NEED TRAINED
138	NC		2 EMPLOYEES WITHOUT BEARD GUARDS, 1 EMPLOYEE HAIR IS NOT EFFECTIVELY RESTRAINED	TODAY

Received by (name and title printed): X Shakila Wingo	Inspected by (name and title printed): R Dale Carr - FSID
Received by (signature): X Shakila Wingo	Inspected by (signature): R Dale Carr - FSID
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 3/7/20

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 3-6-2020.

DATE: 3/7 Action Taken: Prep Area gets swept & mopped at the end of prep shifts, cooler & freezer are included.

3/7 Hoods - Filters get soaked once a week - we will soak tonight.

3/7 My ServSafe certificate is in office, upon Grant County H.D. inspection control sheet exp 8/15/22

3/7 Sink up front is not a hand sink, there isn't any soap or paper towels available, it is a sink, just sink.

3/7 Will retrain mgr's w/ code questions.

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

Name of Respondent: Michael Colman Title: GM

Establishment Name: HARDEE'S

Address: 3808 S. Westan Ave Marion IN 46953

• Attach additional sheets as needed.