



**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>Hardees - Marion</i>	Telephone Number <i>Not Establishment</i>	Date of Inspection (mm/dd/yr) <i>7-18-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3808 S Westman Ave Marion</i>	Owner <i>677 1110</i>	Follow-up <i>Yes</i>	Release Date <i>10 days</i>
Owner <i>Midwest First Star</i>	Purpose: 1. Routine 2. Follow-up 3. <u>Complaint</u> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <u>  </u> NC <u>  7  </u> R <u>  </u>	
Owner's Address <i>9730 Tibbets Ct OH</i>	Person in Charge <i>Melinda</i>	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 Email <i>N/A</i>	Certified Food Handler <i>William Daugherty</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/NC	R	Narrative	To Be Corrected By
295	NC		The following Non Food Contact Items are soiled with food debris 1) 3 metal pans in back cooler not labeled and to include lids on storage rack 2) base cart sitting inside of cooler 3) Shelving above hot holding area that holds food wraps 4) Scales in back prep area 5) Outside of cooler door 6) Tongs laying on Chicken in cooler 7) Containers by hot holding area to include lids: IE bacon bits, sandwiches X8 Outside of Equipment in cooling area to include exterior and top of Fryers	Today
422	NC		Personal Keys laying on counter where orders are taken and sacked	
176	NC		Ice on wall in walk in freezer to include on product	

Received by (name and title printed): <i>William Daugherty</i>	Inspected by (name and title printed): <i>Scott Kikendall / Dawn Small</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:





# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 7-25-2020

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 7-16-20.

DATE:	Action Taken:
#295	cleaned areas that was addressed
#422	Addressed with manager keys in pocket
#176	Increased deduct fine on floor
#431	scrubbed floors
#116	Discussed importance to all staff
#307	replaced
#309	manager reset all seals in restrooms

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

Name of Respondent: Bill Dougherty Title: District Manager

Establishment Name: Hardies

Address: 3808 S Western Ave Marion IN 46953